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ART. I.—PERITONITIS FROM PERFORATION, WITH UNCOMMON SYMPTOMS.

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ACUTE PERITONITIS is one of the modes of fatal termination of typhoid fever. It may be caused by the progressive extension of the peculiar intestinal lesion so constantly present in this affection, to the peritoneal coat, without a solution of continuity of the bowels, but, in most instances, it results from ulcerative perforation of the intestine and the effusion of its contents into the cavity of the peritoneum. The symptoms which announce this very formidable event are usually strongly marked, and sufficiently distinctive in character and mode of onset to be clearly diagnostic of the precise nature of the accident. Besides such as are indicative of a great shock, sustained by the nervous and circulatory systems, and by the vital powers generally, observers describe two classes of symptoms of a local kind, pertaining to the abdomen and urinary organs, those connected with the viscera strictly abdominal being almost invariably present, while those associated with the urinary apparatus are only occasionally observed. In addition to these two classes of symptoms, it has occurred to me to notice several other symptoms attendant upon perforation, which must have escaped previous observation, as I cannot find them alluded to in any of the works upon the subject.

The abdominal symptoms of perforation are acute pain *suddenly* developed in some region of the abdomen, extending with great rapidity to every part of it; exquisite tenderness on pressure, beginning at the point of perforation and diffusing itself generally over the entire cavity; hard tympanitic distension; nausea and vomiting. The pain of perforation is exceedingly severe, persistent, commonly insusceptible of any thing more than partial mitigation, and continuing unsubdued until sensibility is lost in exhaustion.

I have remarked, and with a purpose, which will presently appear, that the symptoms are usually so clear and distinctive that there is rarely any obscurity in the diagnosis. Louis, whose observatons on this subject are most accurate and extensive, states, that—"if in an acute disease, and in an unexpected manner, a violent pain of the abdomen suddenly supervenes, if this pain is exasperated by pressure, accompanied by rapid alteration of the features, and more or less promptly followed by nausea and vomiting, we may believe and announce that there is a perforation of the intestine."

The symptoms of perforation, ordinarily so frank, are not, however, invariably so. This fact deserves attention as a mere matter of correct diagnosis, if not of practical importance. I have reason to think that perforation occurred, without well-marked abdominal symptoms, in one of the cases which will be briefly reported presently.

To cases of masked or latent perforation, Dr. Stokes adverts, in his article upon Peritonitis in the Cyclopœdia of Practical Medicine. He says: "It is a fact, however, that, in a very few cases, this accident may supervene without the ordinary sudden and violent symptoms: thus, in the ninth observation of Louis, we read of a patient, who was laboring under fever with diarrhœa, in whom the symptoms which appeared to correspond with the perforation were delirium and shivering, which occurred in the morning and continued till the evening of the next day, when the patient sank; there was also increased meteorism, and the patient winced only after a strong pressure of the belly. In this case the perforation was not suspected, yet Louis inquires whether we might not, under similar circumstances, suspect a perforation of

the intestines, particularly when it is considered that peritonitis without perforation is rare as occurring in the course of acute diseases. He thinks that if, in the course of a continued fever with diarrhœa, the patient is seized with delirium, shiverings, and a slight tenderness of the belly, which until then had not been painful, we might be authorized to suspect a perforation of the small intestine."

Disturbance of the urinary organs is not an uncommon occurrence in the peritonitis produced by perforation of the bowels; it is also a frequent symptom of simple peritonitis. This disturbance consists in a constant, and painful desire to urinate, and in an inability, suddenly developed, to evacuate the bladder; this organ is frequently found empty and its mucous membrane slightly inflamed. The urinary symptoms are generally associated with and secondary to those of the abdomen, though Dr. STOKES reports three cases, in which irritation of the bladder was the *first* symptom observed. In simple peritonitis, painful and unsuccessful efforts at micturition frequently greatly annoy the patient; the retention often demands the use of the catheter. The inflamed peritoneal investment of the bladder seems to exert a paralyzing influence upon the muscular coat of this organ, and at the same time, to exalt the sensibility of the mucous coat. An effect is produced upon the bladder analogous to that which exists in the intestinal canal, the peristole of which is always retarded, and constipation induced, often so obstinate, as to resist the most active cathartics.

The symptoms of perforation, thus far considered, have been noticed by most observers, and are described more or less fully by writers upon peritonitis. A third class of symptoms have presented themselves to me, connected with the organs of generation. In the first case in which one of these symptoms was manifested, I looked upon it as an accidental phenomenon, having no special or positive connection with the other symptoms of the case; but something analogous having been observed in several other patients, not only by myself, but by others, who were not apprised of my observation, I have been forced to the inference, that the association is not merely casual. The new symptoms, which I have observed, are intense venereal passion suddenly developed,

priapism, and intolerable pain in the penis. Three of the cases in which one or more of these symptoms existed are defective, for the reason, that the existence of perforation was not ascertained by post mortem examination; the other two are complete in this particular.

W. N. M., aged twenty-seven, was the subject of typhoid fever in the spring of 1848; the attack was moderately severe, and protracted; convalescence seemed, however, to be ultimately established, and an opinion to this effect was given by the attending physician, on the afternoon of Friday, May 5th. Shortly after the evening visit of the physician, Dr. M. was suddenly seized with intense and irresistible venereal desire; the gratification of this desire was immediately succeeded by violent pain in the abdomen; all the characteristic symptoms of peritonitis from perforation were at once developed, and death ensued on the afternoon of May 6th, about twenty-four hours after the seizure. A post-mortem examination was not made, and in this respect the case is incomplete, and unsatisfactory, but the symptoms were so strongly marked, and developed in such a manner, as to leave scarcely a doubt as to the nature of the lesion. Receiving as correct, the diagnostic marks of perforation as propounded so positively by Louis in the quotation made above, it seems to me that an autopsy was scarcely requisite, to assure the correctness of the diagnosis in this case.

R. D. M., aged twenty-seven was the subject of typhoid fever in Jan. 1854; the attack commenced insidiously early in the month, and, in its progress, presented most of the symptoms, which characterize this form of disease; subsultus tendinum, occasional delirium and sopor existed; diarrhœa, with a dry, brown tongue, and slight abdominal tenderness were present; pulse frequent and feeble, and muscular prostration considerable. On Friday night, January 27th, strong venereal desire was suddenly developed and was gratified; on Saturday, the nervous symptoms were much aggravated, the delirium being now constant and complete; muscular prostration greater and abdominal tenderness increased; pulse very frequent, and countenance hippocratic; no shiverings were noticed. These symptoms grew rapidly worse, and death ensued on Sunday night, about forty-eight hours after the sudden

development of venereal desire. A post mortem examination was not obtained in this case, yet I feel quite well satisfied, that it was one of masked or latent perforation, such as Dr. STOKES describes in the quotation made from his paper. The decided abdominal symptoms, usually present, were not disclosed, because of the existence of excessive disturbance of the nervous system; this disturbance was very materially aggravated during the last two days, the abdominal tenderness somewhat so, but not sufficiently to justify a suspicion of perforation.

This marked condition of disease is observed, we know, in other grave affections. The heart and its membranes are occasionally the subjects of intense and fatal inflammation, without the fact being disclosed by any rational sign pertaining to this organ; to the mind of the intelligent physician, however, the peculiar disturbance of the nervous system, which wholly masks that of the heart, is a pregnant fact, and auscultation reveals to him the real and primary seat of disease.

The occurrence of strong venereal passion, in the last stage of typhoid fever, is certainly a very remarkable phenomenon; whether a sequence of perforation or not, as a matter of fact it is an extraordinary symptom, and must have some corresponding mode of causation.

Major P. B., aged fifty-five, in January, 1851, after an illness of an uncertain and ill-defined character, of several weeks duration, was suddenly seized, on the night of the 14th, with violent abdominal pain. I saw him in consultation with Dr. E. early in the morning of the 15th; he was then suffering with intense pain over the entire abdomen, accompanied by exquisite tenderness on pressure, and with pain, still more intense in the penis; pulse frequent and compressed, countenance somewhat pinched and hippocratic, and vital powers greatly depressed. Though the pain of the abdomen had all the characteristic severity of that which attends acute peritonitis, it was incomparably less than that in the penis; this extracted from the patient, who was a gentleman of more than ordinary firmness, expressions of the most intolerable anguish; it was, in fact, terrific. These symptoms were but partially mitigated by the very liberal use of opium, and were present at 9 o'clock, when I made my last visit to him; he

died in the course of the night, and a post-mortem examination, on the following day, disclosed the usual appearances of peritonitis from perforation, a single perforating ulcer existing in the lower part of the ileum, through which, castor oil and other matters, contained in the bowel, had escaped into the peritoneal sac.

This patient had been vaguely indisposed for several weeks before the supervention of his severe symptoms; he had never been sick enough to be confined constantly to bed, nor did he have, in a marked form, any of the symptoms which are usually present in typhoid fever; this, however, was the diagnosis of his attending physician, and he was no doubt correct, the case corresponding in its severity with those cases of typhoid fever, in which perforation has been observed most frequently to occur. In reference to this point Dr. Bartlett remarks—"In a majority of instances, it takes place in cases of moderate severity, and in those which have been described as *latent*, and at a late period of the disease."

George W. W., aged twenty-two, took to his bed November 17, 1854, and was brought up from Larue county, a distance of sixty miles, and placed under my medical charge November 19th. How long he had been complaining before going to bed I could not learn; he was one of a large family, nine members of which had typhoid fever, five of the nine cases proving fatal, several of them having hemorrhage from the bowels. The first of the series was that of Jacob W., who was attacked July 4th, and confined to his bed and room for two months; he was under my medical care part of the time, and had profuse and nearly fatal hemorrhage from the bowels. The father and mother came up from Larue county to visit this young man, and on their return home had the fever; the father sickened August 10th, and died October 17th; the mother October 17th, and died November 2d; she had hemorrhage for two days before her death. Elizabeth J. W., aged seventeen, was attacked September 20th, and died October 16th; had hemorrhage from the bowels. Mrs. Sarah H. T., a sister, aged twenty-seven, was attacked October 10th, and died November 15; suffered much with her bowels but did not have hemorrhage. Charles D. W., aged nineteen, was attacked October 4th, and recovered after a confinement to the house of six weeks; had considerable hemorrhage from the bowels. John H.

W., aged twelve, was attacked September 26th, and confined six weeks; recovered without hemorrage. Matilda W., aged fourteen, was attacked October 1st, and confined seven weeks; had slight hemorrhage from the bowels. George, the immediate subject of this notice, came under my charge November 19th and presented the usual symptoms of continued fever, until the morning of the 28th; at 10 o'clock that morning I was sent for and found him suffering most acutely with pain in the abdomen, which had suddenly seized him; excessive tenderness on pressure, and tympanitic fullness accompanied the pain; none of these symptoms existed at my visit early in the morning, and they were reported to have come on with great rapidity; counteuance much altered and expressive of suffering; pulse small and frequent; skin moist and cold. Warm fomentations were ordered to the abdomen, and full doses of morphia to be administered internally every hour until the pain was materially mitigated. I saw him several times during the day; the pain was only partially relieved by the morphia; at 6 o'clock in the evening he called my attention to a pain in the penis, which he said had existed for several hours; it was very severe, not so intense and dominant as that of which Major B. complained, yet sufficient to excite serious complaint even in the midst of the great abdominal suffering. This pain continued at 10 o'clock, P. M., the hour of my last visit; he died at 6 o'clock the following morning. The body was immediately taken to his native county for burial, and an autopsy thus prevented, but I have not the slightest doubt as to the character of the lesion, perforation of the bowel, which gave rise to the formidable array of symptoms preceding death.

Dr. William R. Evans, of Mercer county, Ky., an intelligent graduate of the University of Louisville, has kindly furnished me with the notes of the following case:

Thomas Norton, aged about thirty-five years, of Mercer county, Ky., a farmer by occupation, was attacked in April, 1852, with typhoid fever. For five or six days after the accession of the disease he continued to go about, though suffering very much from headache. There was no material change in his condition, from the last of the first week, about which time he took his bed, to the commencement of the third week, when he had pretty copious

hemorrhage from the bowels; more or less blood was discharged for the two succeeding days, when he suddenly complained of a burning sensation in his bowels, with most intense pain in the course of the penis, especially at the head of this organ; this symptom was attended with priapism. He died in about twelve hours from the occurrence of these symptoms; a post mortem examination revealed perforation of the ileum, with extensive peritonitis. There was a constant desire to urinate, but no urine was voided, and on examination none was found in the bladder.

Art. II.—PROCEEDINGS OF THE LOUISVILLE MEDICAL CLUB.

REPORTED BY JOHN BARTLETT, M. D., SECRETARY.

The Louisville Medical Club met at the house of Dr. Yandell on the evening of the 9th of August.

Vice-President Knight occupied the chair, and the following gentlemen were present: Drs. Gross, Marshall, Rogers, Richardson, Thomson, Bemiss, Yandell, Raphael, D. W. Yandell, Knight, Bartlett, and Caldwell.

Dr. Rogers introduced Dr. Sexton, of Indiana, and Dr. Yandell introduced Dr. Hubner, of Louisiana.

The observations of members on ulcers of the *frenum linguæ* in hooping cough being called for,

Dr. Gross reported that since the last meeting of the Club he had examined eighteen cases of hooping cough of different ages, and in different stages of the disease, without discovering any ulcers under the tongue in but two instances. One of these was a boy, aged two years, who had had the disease for ten days. The cough was frequent and violent. An ulcer, small and superficial, with diphtheritic edges, existed under the tongue at the frenum. The other case occurred in the person of a girl three and a half years old, who had been sick four weeks. She had a large diph-

theritic ulcer under the tongue, superficial but very sore; parts around inflamed and red. A small ulcer, of a similar character, existed on the under surface of the inferior lip.

Dr. Rogers reported having seen twenty-seven cases of hooping cough, and found an ulcer under the tongue in a single case. In this subject the disease had existed for four weeks. Dr. R. remarked that the observation of his partner, Dr. Pirtle, had been very different, he having seen the frenum ulcerated in a considerable proportion of his cases.

Dr. Rogers was able to furnish the Club with the history of sixteen other examples communicated to him by his friend, Dr. Brewer, a practitioner of this city. Of these, eleven were found to have an ulcer on the frenum linguæ. The ages of the patients, and the duration of the hooping cough, were respectively as follows: three years, duration two weeks; two years, duration ten days (ulcer just forming); five years, duration two weeks; two years, duration three weeks; three years, duration two weeks; nine years, duration ten days; two years, duration four weeks; four years, duration one week (ulcer just forming); two years, duration four weeks; four years, duration two weeks; four years, duration six weeks.

Dr. Knight had examined thirteen cases and seen but one ulcer.

Dr. Yandell had examined but one case—in that there was no ulcer.

Dr. Caldwell had seen five or six cases, and detected an ulcer in only one. There were other ulcers in the mouth of this patient, and he could not say that the ulcer upon the frenum differed in its origin from these.

Dr. Thomson said that sore mouth prevailed to some extent in his practice just now—that he had observed several cases of hooping cough in which sore mouth existed, but he had not looked for the ulcer under discussion.

Dr. D. W. Yandell had treated six cases of hooping cough. In three there were diphtheritic ulcers in other parts of the mouth, but none beneath the tongue.

Dr. Barlett reported seventeen cases, and three ulcerations. The ages of the patients and duration of the disease were as follows: Six years, declining stage, no ulcer; six years, incipient stage,

no ulcer; five years, two weeks, no ulcer; two and a half years, six weeks, no ulcer; eight years, declining stage, no ulcer; five years, five weeks, ulcer; two and a half years, second attack, four weeks, no ulcer; two years, three weeks, no ulcer; three years, three weeks, no ulcer; four years, three weeks, ulcer; same case at five weeks, no ulcer; three and a half years, four weeks, no ulcer; two years, four weeks, no ulcer; two and a half years, five weeks, no ulcer; seven months, five weeks, no ulcer; twelve years, four weeks, no ulcer; five years, four weeks, an ulcer; two years, four weeks, no ulcer.

Dr. Bartlett remarked that the most of these cases had been examined by him but once, others had been watched from the commencement.

Dr. Richardson had seen but one case of hooping cough. In this there was distinct ulceration of the frenum. Dr. R. suggested that the investigation of this subject be continued for further report, to which Dr. Gross added that he thought it desirable that members in their future observations should note the ages of their patients, the duration of the disease, the character of the ulcer, and the existence of sores in other parts of the mouth.

Dr. Yandell made the following remarks on

COUP DE SOLEIL.

Under the term *coup de soleil*, or sun stroke, two affections are included of opposite characters. One is of the nature syncope or nervous exhaustion; the other is cerebral apoplexy, induced by intense heat. Both are peculiarly casualties of large cities.

In 1853, according to the report of the City Inspector, two hundred and sixty deaths in the city of New York were produced by sun stroke, exclusive of cases designated "congestion of the brain," and "the effects of cold water." The number of deaths from this cause was much greater during the summer following, the heat of which was intense and protracted beyond anything experienced for many years. In the course of that summer many cases of sun stroke were announced in Louisville.

As the name implies, the attack of sun stroke is sudden and overwhelming. The subjects, usually laborers, are seized with pain in the head, sense of oppression in the epigastrium, occasionally nausea and vomiting, prostration, vertigo, dimness of vision,

and insensibility. From this condition the patient is sometimes speedily restored, as from fainting, but in more severe cases he passes, in a short time, into a state of coma. The skin is not cool, as might be expected in a case of exhaustion, but hot; according to Dr. Dowler the temperature is sometimes as high, in such cases, as 112° F. The pupils are generally dilated in this stage, but are occasionally contracted; pulse hurried and feeble, or full and slow; respiration laborious.

The case pursuing a fatal course, symptoms of collapse come on. The respiration becomes stertorous, accompanied with sighing and moaning; the general surface grows cool while the head remains hot; the sphincters become relaxed, the extremities cold, the pupils, generally, contracted; and the patient dies suddenly, or may linger for several hours.

Dr. Dowler makes a distinction between "solar exhaustion" and "solar asphyxia," the former being, according to his view, "a mere fainting," the patient having a pale, cool skin, while in the latter the skin is burning hot, the face flushed, the body insensible to impressions, the patient comatose. Solar exhaustion is easily remedied by proper treatment; solar asphyxia is generally fatal.

Of sixty cases of coup de soleil treated by Dr. Swift in the New York Hospital, in 1853, forty-four were insensible at the time of admission, and sixteen were either stupid or sensible. The pupils were dilated in thirty cases, contracted in nineteen, and in eleven natural. In twenty-four the body was hot, in fourteen warm or natural, and cool in twelve; the temperature of the head being elevated in thirty-one of the cases, warm in eleven, and cool in eighteen. The pulse was uniformly accelerated, varying from one hundred to one hundred and sixty. The average duration of Dr. Swift's fatal cases was about four hours. Of the sixty cases fifty occurred in males, and a large proportion of the subjects were foreigners, many of whom had but recently landed in the city. About one-half of the cases that occur in New York, according to Dr. Swift, are fatal. From 1845 to 1853, inclusive, one hundred and fifty cases were admitted into the New York Hospital, of which seventy-eight were fatal. In 1853, of sixty-seven cases thirty-three terminated in death.

Dr. Swift attaches much importance to the state of the pupils in cases of sun stroke. He found the pupils contracted in twenty out of thirty-three fatal cases, moderately dilated in seven, and markedly so in six; while in the cases resulting favorably, the pupils were dilated in nineteen, and nearly natural in fifteen. No case under his observation recovered in which the pupils were contracted. Dr. Swift remarked, also, that only two patients recovered in whom there was "sighing, moaning respiration."

The post-mortem appearances were discovered by Dr. Swift to be "opposite to those found in congestion of the brain, or apoplexy produced by insolation," and he examined the brains of all the patients in whose cases he suspected cerebral lesions. In such cases depletion is uniformly followed by death. Dr. Swift never saw a patient recover after he had been bled.

Dr. Condie holds that depletion is required in cases attended by hot skin and head, injected eyes, contracted pupils, small, quick, corded pulse, delirium, and restlessness. If not relieved by prompt and active treatment, he found that patients with these symptoms speedily became comatose, and died as in acute meningitis.

Dr. Swift states that the lungs are engorged with blood in the fatal cases.

The treatment in sun stroke is now, almost universally, stimulant. Depletion has been everywhere abandoned. Dr. Swift placed his patients in a hot bath, rendered more stimulating by mustard or capsicum, or had mustard applied to their bodies and extremities; gave stimulating enemas of comp. tinct. aloes, or spts. terebinth.; applied ice to the head when it was hot, and administered brandy, tinct. capsicum, and carbonate of ammonia, pro re nata.

Cases of coup de soleil have not been frequent in Louisville, but during the intensely hot weather, last summer, a number of laborers were stricken down and died in this condition. Lewis, the colored servant at the University, aged about fifty years, was prostrated while mowing the grass in the college yard. He was seen by Prof. Gross and myself, and recovered, rather slowly, under the use of stimulants. He remained for several weeks feeble, and was unable to labor in the sun.

Dr. Marshall asked if Dr. Yandell considered those cases simulating sun stroke but occurring after exertion in heated rooms, identical with coup de soleil? A man at the rolling-mill dropped down suddenly with insensibility; pretty active and strong pulse, flushed face, head hot, injected eyes and hot skin. He had just eaten his dinner and taken some whisky. He had not overexerted himself. He was bled till he vomited, and his bowels were opened by an injection. He died in five or six hours.

He saw another case: A cook, who fell with about the same symptoms. He used injections, and applied cups and cold water to the head. She recovered.

Dr. Yandell thought these cases of exhaustion. He believed they required stimulants.

Dr. Gross remarked that exhaustion might even be present in apoplexy. In many cases, especially if the patient be a weak man, he should not at first be bled; stimulants might be required, or the patient should at least be kept quiet. Much mischief had been done by indiscriminate bleeding in apoplexy.

Dr. Richardson asked if the effect of sun stroke be occasionally limited to the spinal cord? He was treating a patient who was seized while breaking rock on a turnpike with stiffness and pain in the back of the neck, and a loss of sensibility in the superior extremities.

Dr. Yandell thought the effect of the stroke might be so limited.

Dr. Hubner had seen in Louisiana a number of cases. If delirium is present for more than twenty-four hours, it is impossible to save the cases. The pulse is usually full, and the pupils dilated.

Dr. Knight mentioned that he had seen a case of sun stroke a few weeks since. The subject was working at a brick-kiln. His pupils were dilated. The treatment was brandy, mustard to the surface, and cold applications to the head. Patient was insensible for ten hours, and after recovery complained of severe pain in the head, for which wet cups were applied. Slight hemiplegia remained for several weeks after recovery.

Dr. Caldwell saw a case in the summer of 1854. The man, a colored laborer, fell down insensible, with shivering, a full pulse, and dilated pupils. He recovered in half an hour under the use of brandy, and cold water to his head.

Dr. Caldwell mentioned another case which presented, at the outset, the phenomena of sun stroke but terminated in phthisis. A negro woman, while performing labor in the house on a hot day, last summer, fell down insensible. Dr. C. saw her in half an hour after the attack, and found her with a full pulse and pupils dilated. He had cold water thrown upon her head, and administered brandy and ammonia, under which treatment she became sensible in five or six hours, but fell into a typhoid state, in which she remained for several days. She then became troubled with cough, and exhibited in a short time all the symptoms of tubercular consumption, with which she died.

Dr. Bemiss treated a case of sun stroke last summer. The City Engineer, in the month of July, was prostrated in the street, but recovered in a few hours under a stimulant treatment, with cold water to the head, and strict rest. He treated a second case which promised also to terminate favorably, but the patient, an Irishman, having recovered his consciousness and the use of his limbs, attempted to walk home, and on the way fell asphyxiated and died.

Dr. D. W. Yandell exhibited Mr. Langston Parker's Apparatus for Mercurial Fumigation in syphilitic affections. Dr. Y. remarked that, owing to his having been comparatively unsuccessful in the first experiments he made with this mode of treatment, he had addressed a letter to Mr. Parker requesting a detailed description of his apparatus. Mr. Parker was kind enough to reply with a degree of minuteness which had enabled him to construct an apparatus similar in all essential respects to that used by the Birmingham surgeon. Dr. Y. had been unable to obtain the description of lamps mentioned by Mr. P., but had supplied their place with those of a form suggested to him by Professor J. Lawrence Smith. With those he could, with great uniformity, vaporize any of the preparations of mercury used in this method without raising the temperature beyond what was easily borne by patients.

The first person whom Dr. Y. submitted to mercurial fumigations with the proper apparatus, was a gentleman of intemperate habits, who had been the subject of secondary syphilis for nine months. During two-thirds of this time he had been under the care of one medical man of this city, and during the remaining

three months he was under the care of another. His first medical attendant had given him the bichloride of mercury and the usual adjuvants. His second had used the protoiodide of mercury. Neither had done more than to keep the disease at bay. Under neither did any of the symptoms disappear. When Dr. Y. saw him in January the disease was well developed, both on the skin and tongue, in the throat and mucous membrane of the nose. His hair was falling out. At the end of three weeks, during which period he had taken twelve baths, the sores on the mucous surfaces and the discolorations of the skin had disappeared, and his hair had ceased to fall out. The patient used nothing internally but the compound decoction of guaiacum, prepared as recommended by Mr. Parker, after the Edinburg Pharmacopoia. The black oxide and the bisulphuret were the forms of mercury vaporized. They were used at alternate baths.

Of seven cases treated by this method, Dr. Y. had met with but one that did not yield with the most satisfactory promptitude. This occurred in the person of a gentleman who had gone through a long course of mercury in the hands of a physician of this place. His disease partook of the characters both of secondary and tertiary syphilis. The latter troubles did not materially improve till the patient had undergone fumigation for the space of three months. The secondary accidents disappeared at the end of a few weeks.

Another case which Dr. Y. wished to relate to the Club occurred in the person of a commercial man of this place, who, while on a visit to the Northern cities contracted a primary sore on the prepuce. He consulted a respectable German practitioner ten or fifteen days after the accident, and was subjected to severe cauterization of the chancre, and took internally a mercurial. This treatment was persisted in for two or three weeks. In the meantime the glands in the groin commenced enlarging and the sore on the genitals showed no disposition to heal. Mercurial frictions over the enlarged glands were ordered and the mercury continued internally. At this juncture the patient applied to Dr. Yandell. His condition was as follows: In the left inguinal region the glands were greatly enlarged and indurated. At the inferior and internal edge of the tumefaction there was considerable tenderness

on pressure. The sore on the prepuce was about the size of a pea and presented all the characteristics of an indurated chancre. There was some constitutional disturbance and a very depraved state of the primæ viæ. Remedies were directed for the latter conditions; the chancre was dressed with opium cerate; the glands in the groin were painted with tr. iodine, and pressure applied, and the patient enjoined to observe perfect rest. This he did not do. The tumefaction over the point that has been described as being tender on pressure continued to increase and became exceedingly painful. It finally suppurated and was opened—the abscess was carefully washed out—pressure reapplied and healing occurred by the first intention. The chancre cicatrized but left in its stead an induration equal to its own original size. The swelling and hardness of the inguinal glands continued unabated. The patient quit his bed and returned to his business. Mercurial frictions over the groin alternated with tr. iodine liberally applied to the surface, and constant and well adjusted pressure by means of the roller, were continued for two weeks. No change occurring at the expiration of this time in either the site of the chancre or the glandular enlargement, other remedies were suspended and the patient was placed in the vapor bath. Internally he used the decoction of guaiacum. After the third bath a perceptible diminution was manifest both in the inguinal swelling and the seat of the preputial sore. In six weeks all traces of both had entirely disappeared. The patient's gums had become tumefied, red, and somewhat tender, but there was no ptyalism. The intervals between the baths were now gradually lengthened and the patient discharged at the end of another month cured.

Inquiry being made as to the preparations of mercury Dr. Y. is in the habit of using, he remarked that he used those recommended by Mr. Parker. Indeed, he said, his treatment was in every respect that of the British surgeon. After the perfection of the apparatus required by this method Dr. Y. had found most difficulty in obtaining mercurial preparations in a state of purity. Whatever form is used it is indispensable that it be pure. On being asked by Dr. Gross what proportion of relapses had occurred, Dr. Y. observed that a sufficient length of time had hardly yet elapsed to speak with any positiveness as to the permanence

of the cures related, but that as far as his observation extended he thought the per centage of relapses less than where the disease was treated by Ricord's method. In but one of the cases in which the fumigations had recived a satisfactory trial had there been a return of the disease, and this was clearly traceable to over-indulgence in wine.

Dr. Y. promised a full report of his cases at some future meeting of the Club. For the present he wished merely to call the attention of the members to this mode of treatment, and to express his satisfaction with the results that it had, thus far, yielded in his hands.

Dr. Knight was requested to give at the next meeting the results of his observations in regard to the use of Chloroform in labor—especially as to its effects upon uterine contractions, and its influence, if any, in producing asphyxia of the child.

Dr. Thomson was also requested to furnish the Club, at the same time, with the results of his experience in the use of the same remedy in surgery.

The Club then adjourned to meet on the first Tuesday in September at the house of Dr. Bemiss.

ART. III.—CASE OF EXTROPHY OF THE BLADDER.

BY JOHN BARTLETT, M. D.

Andrew Miller, aged twenty, was born at Frostburgh, Md. His father and mother were well formed, and Andrew is the youngest of four well formed children, he is five feet nine inches in height, of large frame, but not muscular. Immediately above the site of the pubic bones is the protruded posterior wall of the bladder, forming an irregular tumor which measures in its transverse diameter, two and a half inches; in its vertical, one and one fourth inches. Ordinarily the projection of the tumour beyond the skin is

as much as an inch, and he has not observed that its prominence depended upon the distention or flaccidity of his abdominal organs. But after being recumbent for some hours the tumor disappear and there is a concavity in its stead. The surrounding skin has the appearance of having encroached upon the mucous membrane of the tumour, which is very vascular. Immediately below the tumour is the imperfect penis, two inches in length, with a transverse diameter of one and five-eighths inches. Its upper surface is covered with a mucous membrane throughout, except one eight of an inch on each side, which is supplied with skin. Here the form of the corpora cavernosa is distinctly seen, and on this surface toward the right side, and at the junction of the posterior third with the anterior two-thirds of the penis a small slit is observable. It is supposed to be the orifice of one of the ejeculatory ducts. The penis has an imperfect head, flattened from above downwards; at its apex a depression corresponding to the site of the urethral orifice is seen. The lower surface of the penis is covered with skin which is loosely attached to the deeper structures, and wrinkled laterally. It forms a prepuce redundant on one side. The scrotum and testicles are perfect, though the testicles are smaller than usual. There is an absence of the bodies of the pubic bones, the interval between the horizontal rami measuring three and a quarter inches.

The termination of the left ureter is seen one fourth of an inch internal to the left extremity of the tumour and at its inferior margin it presents a cup-shaped cavity admitting the end of a silver probe. The termination of the right ureter is not easily discernable, but by forcibly raising the tumour and depressing the penis, its orifice was discovered as an almost imperceptible slit, at the junction of the tumour and penis, five-eighths of an inch internal to the right extremity of the tumour, and one inch and five-eighths from its fellow.

Three-quarters of an inch above the tumour is a slight, smooth, circular elevation of the skin, three-fourths of an inch in diameter, it is the umbilicus.

The parts are plentifully supplied with hair, which is matted with a white deposit, probably phosphate of lime.

From the orifice of the left ureter escapes, at intervals of a

minute or two, a large drop or a small jet of urine, which running between the tumour and the penis mingles with the supply from the right ureter and flows over the side of the penis.

He catches the urine in cloths which are frequently changed; there is a greater flow of it in winter than in summer, and, in winter he suffers much from excoriation, being sometimes for weeks unable to walk; in summer he is free from this annoyance. He refrains from tea and coffee, because they increase the urinary deposit, and the odor of putrescent urine which is offensive to others and an affliction to himself.

The tumour is very sensitive. He can walk pretty well by guarding it from friction. It is very sensitive to cold, so that he suffers extremely with it in the winter if he be exposed. His voice and manners are effeminate. He has "the same passion for women as other men," and several times a week he has a seminal emission which is attended with pleasurable sensations. The semen, he says, wells up from between the tumor and the penis, and comes from both sides.

When questioned as to the probable cause of this deformity nothing is revealed save that his parents at the time of his birth lived very unpleasantly together.

Louisville, Aug., 16, 1855.

ART. IV.—OVARIOTOMY SUCCESSFULLY PERFORMED BY DR. JOHN CRAIG, OF STANFORD, KENTUCKY.

REPORTED BY DR. T. F. CRAIG.

Mrs. H., aged 26, a native of Kentucky, menstruated in her fifteenth year, married at twenty, gave birth to her only child six years later; from her eight to her twentieth year had been afflicted with otorrhœa and enlarged cervical glands; at sixteen caught a bad cold, which resulted in suppression of the menses. This lasted tenth months, when her health improved, although men-

struation never became regular again. When first seen by Dr. Craig, (April 8th, 1854,) she had been, since her confinement, under the care of Dr. Pierce, of Lancaster, Ky., a period of ten months. This gentleman pronounced the case to be one of ovarian tumor. At the period of Pierce's first visit, shortly after her confinement, the outline of the tumor was indistinctly defined, on account of the coexistence of ascites. This was, however, readily removed by treatment; and the tumor, firm, irregular and very moveable, found lying in the left iliac region. The patient complained of a dull aching pain in the region of the tumor, at the time of her first menstruation following her confinement, (her child lived but a short time), and this continued up to the time of the operation. Effusion into the peritoneal cavity occurred two or three times, in the period between her accouchment and the removal of the tumor. This, however, disappeared readily, under appropriate treatment. Previous to the confinement of the patient no suspicion of the existence of the tumor had been entertained, but she was remarkably large, and was thought by her friends to be pregnant with twins. At the time of Dr. Craig's first visit there existed a considerable effusion into the abdominal cavity and the tumor could be only indistinctly defined. She was put upon the use of acet. of potassa, which by the next visit (April 13,) had caused the effusion to disappear. The tumor felt to the hand firm, irregular and slightly moveable. It extended from the pubis to the epigastrium, fiilling up the left side, and a portion of the right. Adherent ovarian tumor was the diagnosis made. The patient was informed of the nature of her disease and of the necessity of an operation for its cure, the dangers of which, as well as that of allowing the tumor to remain, being explained to her she decided to undergo the operation. A consultation was held on the 17th, at which time the patient seemed very desirous of having the operation performed. This was accordingly fixed for the 22d. On this day, at 12 o'clock, Drs. Pierce, Cook, Jackson and myself being present, the patient was placed upon the table. I was entrusted with the administration of the sulph. ether. Her pulse was slow and feeble, her skin cool and moist, and she seemed quite composed, the circumstances being considered. The operation was begun by Dr. Craig, Drs. Cook and Peirce assisting.

An explorative incision was made three inches long, between the pubis and umbilicus; after carefully dissecting down to the peritoneum, this was opened, giving exit to about twenty ounces of serum, and leaving exposed the firm, irregular, silvery looking tumor. The exploring finger could now detect adhesion of the tumor to the peritoneum in the left lumbar region, no other being found after a careful examination, it was decided to extend the incision to the pubis and umbilicus. At this time about a pint of serum again escaped. A large trochar was passed into one of the sacs of the tumor, but the contents were so thick that none passed through the canula. The incision in the abdomen was then enlarged, being made to extend to the pit of the stomach. The omentum was found extensively adherent to the superior surface of the tumor, and it was necessary to dissect it carefully loose. One-half of the tumor now protruded through the opening and three of its largest sacs were opened, and their contents evacuated. The mass was then raised from its bed, when it was found to be adherent to about fifteen inches of the small intestines, this was dissected loose, and the tumor turned out through the incision, but left attached by its pedicle, which consisted of the left broad ligament, and the fallopian tube. At this juncture, the patient's pulse failed; her face assumed a death-like aspect, and she gasped as if expiring. By the prompt application of stimulants and excitants she was restored. Her dangerous symptoms were attributed to the removal of the pressure caused by the tumor, and the substitution of chloroform for the ether. The tumor was now raised by Dr. Craig sufficiently to allow Dr. Pierce to pass a needle, armed with a double ligature, through the base of the pedicle; the threads were separated near the needle, tightly secured on each side of the pedicle, and the tumor removed. The ends of the ligatures were secured in the lower angle of the incision. No bleeding vessels were found on examinations, and the ends of the wound was brought together and maintained by means of the interrupted suture and adhesive plaster. Cold water dressings were applied, and a bandage placed round the abdomen, the patient put to bed, and forty drops of laudanum administered. The time occupied in the operation was forty minutes. The intestines caused no trouble during the operation, lying

quietly in the position in which they were found when the abdomen was laid open. Two hours after the operation the pulse was one hundred and eight and feeble; the surface cool, and a sensation of sinking experienced. Warm gruel, with one-fourth grain sulph. morphine were prescribed. Six hours after, the patient was more comfortable; morphine repeated. In ten hours, pulse the same; tendency to sleep.

On the 23d at 8 o'clock, A. M., patient comfortable; had several refreshing naps through the night; urine drawn off before day; pulse one hundred and twenty-eight; some appetite; slight hemorrhage from the wound; dressings allowed to remain. At 12 o'clock, M. pulse one hundred and thirty-five; urine has been drawn off twice; abdomen tympanitic; has taken one-fourth gr. sulph. morphia every six hours. At six o'clock P. M., pulse one hundred and forty; abdomen still tympanitic; no pain; tongue coated and brown; slight nausea; prescribed light diet; continued morphia.

On the 24th at 12 o'clock, M., pulse one hundred; no thirst or nausea; tongue beginning to clean; considerable appetite; slept well during the night, feels much better; wound healthy; adhesion progressing. From this time forward no unfavorable symptoms occurred.

On the 26th, one-half of the sutures were removed, and adhesive strips substituted.

On the 27th the remaining sutures were removed, and the wound dressed with adhesive plaster and lint. She continued to improve rapidly, and on the fifth week one of the ligatures applied to the pedicle came away, and was soon followed by the other.

Seven weeks after the operation she visited her friends on horseback, and remarked that her health had not been better for a long time. Four months after the operation, she was fleshy and appeared to enjoy perfect health.

The tumor weighed eleven and three-fourth pounds, after its fluid contents were discharged. It was what is called multilocular, and consisted of five large cysts and numerous smaller ones. It appears to have commenced in the left ovary, and a section of it presented numerous fibrous septa, with a highly injected glandular looking substance intervening. The largest cyst appears to have

commenced immediately beneath the proper covering of the ovary The contained fluid was viscid, and had floating in it large masses of fat. On microscopic examination, quantities of oil globules were found together with simple isolated cells filled with granules, and large plates of cholesterine crystals. The tumor contained but little blood.

There are several points of interest in this case: 1st, It could not have been relieved by tapping, on account of the viscid nature of the contents. 2d, The rapid recovery of the patient, notwithstanding the adhesions. 3d, The frequent effusions of serum into the peritoneal sac, resulting from the inflammation of this membrane. It may also be interesting to state that the patient menstruated regularly for three or four months, when she became pregnant, and thirteen months after the operation she gave birth to a male child, well formed, and weighing ten pounds at birth, and now, sixteen months after the operation, her health, and that of her fine boy, is good.

Stanford, Aug. 15, 1855.

Bibliographical Notices.

Art. V.—*Surgical Reports and Miscellaneous Papers on Medical Subjects.* By George Hayward, M. D., President of the Massachusetts Medical Society; late Professor of Surgery in Harvard University, etc., etc. Boston: Phillips, Sampson & Company. New York: J. C. Derby, 1855; 8vo.; pp. 452.

Dr. Hayward stands among the foremost of the medical profession in Boston—a city celebrated for its skillful physicians and learned surgeons. His professional life covers a period of forty years. Throughout the whole of that time he has been a conscientious follower of his calling—throughout the greater part of it he has been a laborious and manful worker. In the evening of his well-spent days, when, as he expresses it, he "did not feel capable of much mental effort," he has occupied himself in reviewing his professional life, and the result of it has been the presentation of the volume before us. In thus collecting in one handsome sheaf the products of his pen, which before were scattered over the pages of our periodic literature, Dr. Hayward has conferred a lasting favor upon the profession. He has furnished a work which may be read with advantage and consulted with profit by all. It abounds in facts and tables; is replete with sound, practical precepts, and rich in prudent counsel.

For some years past the medical publishing of the country has been so exclusively in the hands of New York and Philadelphia houses, that we had almost ceased to look on the title-page for the names of any other firms than those who flourish in those cities. We hope in future that either the profession in Boston will write more, or that authors elsewhere will more frequently bring their works out under the auspices of Phillips, Sampson & Company; for no more pleasant book to the hand or eye was ever issued than the present volume. It is for sale in this city at the bookstore of Maxwell & Co.

D. W. Y.

ART. VI.—*Transactions of the State Medical Society of the State of New York.* Transmitted to the Legislature, Feb. 13, 1855.

The Transactions of the medical societies of the several States have grown to be an interesting and important department of our medical literature. We always take them up with the expectation of finding useful suggestions, histories of epidemics and cases that enlarge our knowledge, reports on medical progress, and new facts to aid the practitioner. The volume that comes annually from the Medical Society of the State of New York is always creditable to the professional industry and learning of that great commonwealth. The one before us contains a number of very able papers, the first of which is the annual address of the President, Prof. Coventry, on the "Philosophy of Medicine as a Science and an Art." We regret that we cannot find room for extracts from this excellent address.

The second paper is a report from the pen of Professor Frank. H. Hamilton, on Dislocations, with especial reference to their results—an elaborate and valuable paper. Every surgeon will be interested in reading the details which Dr. Hamilton has collected and arranged with great care and fidelity. The report presents the results of his experience and observation for a period of twenty years. As the report is itself an abstract of cases, it will be impossible for us to give any synopsis of his observations.

The next article is an address on the "Needs, Duties, and Privileges of the Medical Profession," by John McCall, M. D. We are surprised in such an address to meet with the vulgarism, 'gents,' for gentlemen. It occurs in the following paragraph, which, certainly, to say the least of it, is curious:

> And here, gents, let me caution you to keep down your wonder, for we, too, have an ample supply thereof, while I assure you that it is now just fourteen years this month since I have held a patient by the arm, or abstracted blood, in any way, except in a few instances by cupping and leeching. The good people of Utica have no blood to lose, except in the service of their country; and I trust no such occasion will occur in my day.

The next papers contain an account of improved forceps for hare-lip operation; injury of the shoulder; report on the epidem-

ics of the sixth districts; epidemics; Dr. Parkhurst's case of extra-uterine conception, the latter of which we transcribe in part:

No unusual symptoms attended her pregnancy; her catamenia ceased, quickening was felt at the usual time, and the motions of the child increased were observed during the usual period of pregnancy. At the expiration of eight and a half months, she had severe labor pains, following a sudden fright from the falling of a vessel into the fire while she was engaged in cooking. Her physician, Dr. Farewell, of Litchfield, was called; the labor pains continued for several hours with regularity and force, but at length subsided and she remained comfortable for two or three weeks. Her health then began to decline, and the full period of pregnancy having passed by, her friends became extremely anxious, and availed themselves of the advice of Drs. Gulteau, Hull, Coventry, White and others. For a considerable time she was confined to her bed, and after a year and half of extreme suffering, her health began to improve, and was finally restored; during the remainder of her life she had good general health, but suffered occasionally from severe attacks of pain in the abdomen, which resembled labor pains. After her health was restored her catamenia returned and continued till the age of forty-five. She traveled much about the country and consulted various medical men, among others the late Prof. Willoughby, of Fairfield Medical College; her health continued remarkably good up to the time of her death, and at the age of seventy-six she was accustomed to walk five miles from her residence to the village and back again.

The specimen with its covering cyst weighed eight pounds at the time of its removal. The external surface of the envelope was smooth and white, composed of concentric layers of fibro-cartilage varying at different points, from a line or two to three-fourths of an inch in thickness. It had no connections with the abdominal viscera or walls, but was slightly attached to the fallopian tubes and omentum. The external surface of the fœtus, was encrusted with earthy substance of sufficient thickness to preserve its form when dried. The interior seems to be a soft substance resembling adipocire.

Next follows an account of a fatal operation for the removal of a tumor from the neck, which surgeons will read with great interest.

To this succeed two biographical sketches, one of Prof. James Webster, the other of Dr. Daniel Ayres. These are followed by an elaborate history of epidemic cholera at Troy, in 1854, by Drs. Brinsmade and Seymour, from which we copy the following:

Is Cholera Contagious?—The only cases bearing upon this subject, unless some already narrated may be considered as relating to this question, are case 380, rear of 171 Second st., Troy—a woman who had been no nearer any infected district than her residence, but had been attending case 278, which case had contracted the disease in attending cases 253–4, corner of Third st. and the nail factory road. Also case 271, corner of Grand Division and Maiden lane. This man visited in the evening a friend of his, case 263, at No. 5 North Fourth street, and spent two or three hours in rubbing and assisting him while in a collapse. He returned home and went into a collapse himself in an hour or two, and was dead before morning. The father of case 56 came from the country and took her and her husband home with him, and then sickened and died. The wife of case 87, after the death of her husband, went into the country to the house of her relatives. She was taken sick there herself, and a brother-in-law in the same house became sick. Both recovered. They ascribed the case of the latter to fright. These are the only cases I now think of, bearing upon the case of contagion. It will be observed that all except the last case either resided here or had been here; of course they were all, independent of the immediate exposure, more or less under the influence of the cholera poison. I commenced the season strongly disposed to believe in the contagious character of the disease, but a careful consideration of the cases bearing on this question satisfies me that there are none which cannot be explained by the influence which excitement, fatigue and fear undoubtedly have in bringing the subject of them within reach of the cholera poison already acting on them. The most that they can be claimed to prove is that isolated cases intensify the action of the poison in localitities already more or less under its influence. I know of no cases which clearly prove the communicability of the disease in an unquestionably healthy locality.

Is the disease always preceded by diarrhœa?—Some of the cases already mentioned are a sufficient answer to this question. There are occasional cases occurring in which it is indisputable that no diarrhœa or even vomiting exists—not only prior to the full development of the attack, but up to the fatal termination. There can be no doubt, however, that the vast majority of what I call *initial* cases are preceded by a diarrhœa which affords sufficient time for arresting the disease; but I very much fear that a careful investigation and an analysis of the cases occurring here and elsewhere would show that there is quite a respectable number of cases which may be called secondary, *i. e.*, depending on the initial, and which would not have occurred without them, which are not preceded by diarrhœa, or if preceded by it, the diarrhœa, the partial collapse and the pulseless stage follow each other so rapidly as to make but little difference in whether treatment is commenced in one stage or the other.

The concluding article of the volume is by Dr. Green, and is devoted to an inquiry into the efficacy of injections into the bronchial tubes, but as we have, in another place, discussed this subject at considerable length, we need not enter into it here.

Art. VI.—*An Outline of Medical Chemistry for the use of Students.* By B. Howard Rand, A. M., M. D., Professor of Chemistry in the Philadelphia College of Medicine; Lecturer on General Chemistry to the Franklin Institute of the State of Pa.; Recording Secretary of the Academy of Natural Sciences of Philadelphia; Fellow of the Philadelphia College of Physicians. Philadelphia: Lindsay & Blakiston, 1855; pp. 259, 24mo.

This little work exhibits theiscience of Chemistry in the utmost state of compression. It is a summary of the principal facts pertaining to that interesting branch of study, designed to refresh the memory of the student. All such aids as it purports to be are required by the student of medicine, who, at most, can hope during his brief pupilage to acquire only a general knowledge of chemistry. This science has grown to be so extensive and so intricate that its mastery demands the undivided attention of the student. The medical man cannot give this, and must be contented with the essentials of the science. We commend to students this syllabus of Dr. Rand.

ART. VIII—*Transactions of the Medical Association of the State of Alabama*, at its Eighth Annual Session, begun and held in the city of Mobile, February, 5, 6, and 7, 1855.

These transactions both in size and quality of contents give evidence that there are a large number of industrious men in the ranks of the profession in Alabama.

The volume affords something besides the President's Address, the Annual Oration, and the Valedictory—the routine bill of fare at most Associations—it contains a number of reports and cases, and some among them are of much practical interest. The Reports on Indiginous Botany bring into notice a number of new medicinal plants, which we hope will be systematically experimented with by the members of the Association, and the results made known at some future meeting.

Dr. F. E. Gordon, read a paper on the treatment of Dysentery, from which we make the following extract for the benefit of those of our readers who are daily encountering that oftentimes unmanagable affection, premising that we ourselves have adopted the epsom salts plan with much success in a large number of cases.

There are some points connected with the treatment of dysentery that deserve special attention. In the first place, an attack of the most violent character, in a plethoric subject, can be strangled at once by free *serous* evacuations, amounting to hypercatharsis, followed immediately by morphine enemata. Some care and judgment are required in the selection of proper cases for such *active* treatment. Milder cases are treated successfully by saline purgatives sufficient to produce fœculent operations, succeeded by anodynes—or, in many instances, with the following mixture:

℞. Sulph. magnes., ʒj; tinct. opii., ʒj; aqua font., ʒiv.—M. Dose a table-spoonful every three hours.

Cases that have run on for ten days or more and resisted ordinary treatment, where the discharges have assumed a pasty grumous aspect may be relieved by injections of nitrate of silver, ten grs. to the oz. of water. In administering this remedy it is best, I think, to use but the one oz. of fluid and to take precaution to prevent its absorption. Although the pain is, usually, very great upon its first introduction into the bowel, tolerance is sometimes established and it would be retained, unless washed out by a large mucilaginous enema. This should always be done if the silver is retained beyond ten minutes. The enema of nitrate of silver

should not be repeated oftener than once in twenty-four hours, though it does not prevent the repetition of anodyne and mucilaginous injections in the intervals between its administration. Another important point is "to feed your patient." It is truly surprising how well the stomach does its duty when a continuous structure is so gravely affected. Dr. Graves insists ably upon feeding the fevers of Ireland, but fortunately, having no maculated fever here, we have escaped the task. In no disease, however, of this climate, is feeding so imperatively demanded as in dysentery. Egg-nog seems well calculated to supply the albumen drained away in this disease.

Collapses occasionally occur suddenly in dysentery, and what is strange, in most of the cases that I have observed, when the bloody discharges were giving way to more natural evacuations. They are generally fatal—more so I think, than in most other diseases. I would judge that in about seven hundred cases of this disease, treated in this vicinity in the last four years, collapse has occurred five times—only one of these has recovered. Small doses of calomel and laudanum, one gr. of the former to five drops of the latter, were administered every fifteen minutes, as recommended by Dr. Ayre in cholera asphyxia, in addition to the stimulants usually given. The calomel was withdrawn after fifteen grs. had been taken, but the opium was largely increased, and had to be continued for several days. What agency the mercury had in effecting the recovery I leave for others to say.

Dr. Nott, of Mobile, who does the principal part of the surgery of South Alabama and East Mississippi, who had but recently joined the Association, made few a remarks on surgery, which, being based on a large experience extending over many years are entitled to attention. He says:

The atmosphere around Mobile Bay, (I presume the same remark would apply to the gulf coast of the United States generally) is peculiarly favorable to the success of surgical operations. Compound and complicated fractures which are considered by best authorities as cases for amputation, generally do well here—amputations are much more successful than in any printed statistics, and so with all other surgical cases.

In amputations of the extremities, I almost invariably adopt the flap operation, and have every reason to be satisfied with it, except in amputations below the knee. In operations below the knee, the old circular operation is unquestionably the best; when one large heavy flap is made from the calf, the weight is so great that firm adhesions form with difficulty and cures are tedious.

I beg leave to call the attention of the profession to a pathological fact connected with *cataracts* of Alabama, which I think

worthy of more full investigation. We are informed by all writers on diseases of the eye, that the cataracts of adults, and particularly those of middle and advanced age, are always hard, and for this reason, the operation of extraction is generally preferred to that of depression or absorption.

I have now been practicing in Mobile nearly twenty years, and during this time, have had occasion to operate very frequently for cataract—very few of these have been congenital, and very few under adult age, and though my statistics have not been carefully kept, I am satisfied that four out of five of the cases operated on, have been soft, and not a few milky. To this fact, I attribute a degree of success in my operations, which is remarkable, for I do not pretend to any merits as an oculist. I have always commenced my operations upon the presumption that the cataract was to be a hard one, and if so, my plan is to displace it in the usual way. I generally find the lens too soft to bear the pressure of the needle, and have broken it up and left it to be absorbed *in situ*. I really approach a case of cataract with more confidence of success than any capital operation in surgery. The question arises, is there anything in our climate or other local circumstances which can explain this peculiarity of our cataracts, or is it chance which has thrown so large a portion in my way. I should be glad to have the experience of others on this point.

Calculus is a rare disease in South Alabama; I have operated on but one case of stone in the last twelve months. Since my residence in Mobile, I have operated on but twelve cases and heard of but one other presented for operation during that time. The operation selected has been uniformly the lateral, and with the gorget—all have been successful. One died from pleurisy, from imprudent exposure, a month after the operation, while fairly convalescent. It is worthy of remark, that the calculi operated on in Mobile, give an average of size, far beyond what I have seen recorded elsewhere. One operated on by myself, was as large as an orange, and another by my friend Dr. Levert, was not much less; they both had to be crushed before they could be extracted, several others required also to be crushed. Out of the small number extracted by myself in Mobile, four will average higher than any four in the immense collection of Dr. Dudley; I examined his collection with care several years ago and was surprised at the fact.

The apparatus which I have used for twenty-five years, for fracture of thigh, is a modification of the double inclined plane, and this apparatus is now generally adopted in our city; if the management of this apparatus is properly understood it is simple in application, more comfortable to the patient than any other, and more certain to prevent deformity.

I present to the Association an instrument for excision of tonsils,

which simplifies the operation very much; it consists of a pair of strong scissors with a short curve and two little hooks on the blades to catch the parts excised. The operation may be compared to snuffing a candle, and is quite as easy. This instrument is now manufactured by George Tieman, No. 63, Chatham street, New York.

The report of Dr. Troy, on the Diseases of Cahaba and its Vicinity, is well written, and abounds in interesting facts. Touching the origin of malarial fevers he says:

I have endeavored by the closest observation to detect the connection if there is any, which exists between the seasons—heat, rain, winds, etc., and the generation of malaria, using the term to signify the cause which produced our fall fevers. But so far, the result has been purely negative. One cannot predict that any given combination of atmospheric causes will or will not be followed by fevers.

The last summer has furnished some remarkable instances of the fallacy of the generally received opinions on the production of malaria.

Of all the causes the action of intense heat of the sun, upon a soil saturated with moisture and full of organic matter, is considered the most efficient. From the 1st to the 20th of June this year, it rained heavily almost every day; the earth was saturated, and ponds and water courses filled to overflowing. On the 21st it became clear and hot, and so remained for ten or twelve days, no such heat had been experienced here for many years. The thermometer stood above 95° every day, and was seldom much below 90° even in the coolest part of the night. Evaporation went on with almost incredible rapidity; ponds, creeks and stagnant water alike disappeaed, and left their bottoms exposed to the broiling sun. But no bad results followed. There was no marked increase of sickness, nearly every severe case we saw during this time could be clearly traced to the direct heat of the sun, and there were comparatively few, even of these cases. There would no doubt have been many cases of sun stroke if it had not been for the prudence of the planters, who as a general rule, did not allow their hands to go in the sun, between the hours of 11 A. M. and 4 P. M. But these precautions would have been fruitless to preserve them from the action of malaria, which whatever is its nature, exerts its most pernicious influence, early in the morning and late in the evening, when the negroes were most exposed.

Of our white population, very few were sick at all. It was not till the weather had considerably moderated, and again become showery, that fevers became common.

The first two weeks of July, were hot, but not so oppressive as

the two which preceded them, and there were no doubt more important changes in the atmosphere than that of temperature. There was complete revolution in the direction of the wind, and probably in the whole electrical condition of the air. During the hot dry days of June, the wind was steady from the north, and felt hot and suffocating. It was always hotter than the still air in the shade; a thermometer carried into a fresh draught of air would rise several degrees. Now it was from the south, cooler than the still air and more refreshing. There were frequent light showers and the weather was comparatively pleasant. Immediately after this change, cases of fever began to be more numerous, and they continued to increase steadily and rapidly as long as it continued, which was about two weeks. The second week of July was, therefore, the sickliest one of the whole year; it then became again very dry and hot, and so continued with no variation which seemed to effect the health of the people till fall. It was never very sickly after the middle of July. The severest cases of the season occurred in latter part of October. The first killing frost was on the 14th of November, but malarious fevers had in a great measure disappeared before it came, and our town remained almost perfectly free from endemic diseases to the end of the year, with the exception of one family who had typhoid fever.

The treatment of malarious fever is vastly more simple and effectual than it was a few years ago, and the plan which I prefer is still more simple than any recommended in the books. Early in the season it was seldom necessary to give any evacuating medicine. During the fever if there was much pain or restlessness, it was my usual practice to give a full dose of Dover's powders with two or three grs. of calomel, which was repeated in three or four hours if the first did not relieve. More than two doses were seldom required. I preferred this to any other diaphoretic, and have never seen it disagree with a patient or do harm. Care was then taken that the patient should be fully under the influence of quinine at the time the next paroxysm was expected. This was accomplished by giving fifteen or twenty grains in two, three or four doses according to the time there was to spare. If there was much fever, or no remission, quinine was always combined with opium or one of its preparations, and generally with a full dose of camphor also. It was very seldom that there would be another paroxysm. The small quantity of calomel combined with the Dover's powder usually acted upon the bowels freely enough the next day, and when it did not, no cathartic was given unless there was some urgent necessity for it. The action of a cathartic, about the time of an expected chill, always renders its prevention less sure. Calomel in these small doses acts merely by stimulating the hepatic secretion, and can hardly be considered a cathartic. I

had but little experience with emetics, in the treatment of bilious fever this year, but I may safely say that I have never administered one in this disease that I have not regretted it, and was never called after one had been administered, that I did not think the case would have done better without it. This is no doubt a much more sweeping condemnation than they deserve, but it is my experience. I still promote vomiting when the indications for it are very strong, but always with like result; the patient is no better for the puking, the more quiet the stomach can be kept, the better they do with me. Of another practice which has recently been recommended I can speak favorably. It is to give a full dose of quinine, say grs. x or xij combined with 3ss, each of the tinctures of opium and camphor, *in the chill*. I adopted this plan in about a dozen cases this season, and in every one with good result. In several the paroxysm was cut short; the patient being in a perspiration within an hour, in others the paroxysm lasted from three to six hours, but never was attended by pain or restlessness. In no case was there any return of the chill or fever, though in one or two no other medicine was given.

Later in the fall more active treatment was necessary. Mercury was absolutely necessary in most of the cases, grs. ij or iij of calomel, combined with an equal quantity of camphor, and repeated every three or four hours, till x or xij grs. of each were taken, followed by quinine in smaller and more frequent doses than in the summer. In these cases there was little or no remission, and it was necessary to keep up the effect of the medicine constantly for twenty-four hours, so as to be sure to include the time of the rise of fever. In these cases, we always gave quinine in solution, using generally equal parts of paregoric and spts. nitre as a menstruum. The cases which occurred during the excessively hot weather of June were attended by almost apoplectic symptons. They recovered more readily under the use of stimulants than any other treatment. Neither emetics, cathartics nor direct depletion would afford any relief; on the contrary, I believe the symptoms were always aggravated by them. Quinine, carb. ammonia and camphor given in combination, or alternated, would very quickly relieve patients who seemed almost beyond the hope of medicine.

Coup de Soleil having formed the subject of an article on another page we will make the following extract from Dr. Troy's report, in which it will be observed he pursues the plan of treatment we have recommended in this disease:

I saw three slight cases of sun stroke; the patients becoming suddenly blind and falling to the ground. In only one, was consciousness completely lost, and in that one only for a few minutes. They all quickly recovered under the use of very active stimulants

as brandy, camphor, opium and capsicum. This treatment of coup de soliel is the principal one here, and is almost uniformly successful where death does not take place before any treatment can be instituted, and it contrasts very favorably with the depleting practice which regards as congestive apoplexy, a disease which is more probably merely a state of nervous exhaustion. But the treatment was adopted by the planters because they found it successful, and not from any theoretical notions of the nature of the malady they were treating.

The Annual Oration is not so free from errors as it should be, but among so many productions that are creditable and scientific, it is not worth while to single out the unimportant defects of what should always be the least important portion of the transactions of any Medical Society, namely, its addresses. D. W. Y.

Editorial Department.

THE NEW YORK ACADEMY OF MEDECINE AND DR. HORACE GREEN, AGAIN.

The New York Academy of Medicine and Dr. Green have furnished the text of several articles from our pen, and, perhaps, some of our indulgent readers may think that we have already devoted to the Academy and the Academecian enough of our editorial space. Catheterization of the air-passages, however, is intrinsically a subject of so much importance, and the extent to which Dr. Green claims to have carried this mode of medication, is a matter of such variance of opinion among equally competent and honest observers, and its final decision a question of such practical interest, that we deem it a duty again to place our readers *au courant* with all that relates to it.

It will be remembered that, when Dr. Green read his paper on catheterization of the air-passages, etc., to the Academy, a committee was at once appointed "to inquire into and examine" the proposed treatment. This committee consisted of Drs. Willard Parker, A. Stevens, Isaac Wood, B. F. Barker, John O. Stone, J. F. Metcalfe, and James Anderson. The committee was instructed to endeavor first, to settle the question of the passage of the tube into the trachea, and second, as far as possible, to ascertain the utility of the injections of the nitrate of silver into the lungs.

The committee met five times—twice by invitation at Dr. Green's office, and three times at Bellevue Hospital. Thirty-eight patients in the aggregate were submitted by Dr. Green and others to the test of the operation of catheterization of the air-passages, and then of the injection of nitrate of silver into these passages. The results of the series of experiments "confirm the records of history as to the practicability of the operation of catheterizing the air-passages." In eleven cases it was performed to the entire satisfaction of the committee. In these the tube was detected in the cavity of the larynx by the finger passed into the mouth, and the symptoms manifested by the patient were pathognomonic. (It is needless to remark that they were those of a foreign body in the air-passages.) In the remaining twenty-seven cases the committee had reason to believe that the tube had passed into the œsophagus. The symptoms which distinguish the passage of an instrument into the trachea and œsophagus, are thus tabulated by the committee:

Trachea.	Œsophagus.
1st. Suffusion of the face, rapidly increasing to turgescence and lividity.	1st. Suffusion of the face slightly, rapidly subsiding, with cessation of retching and cough.
2d. Great anxiety and alarm, not easily pacified.	2d. Little anxiety, easily pacified.
3d. Eyes wild, staring and overflowing with tears.	3d. Eyes natural, slight suffusion from tears.
4th. Cough violent and spasmodic.	4th. Little or no cough.
5th. Respiration greatly disturbed; inspiration loud, hoarse and stridulous, expiration attended with violent cough, like that of laryngeal phthisis, ejection of bronchial mucus through the tube, and finally free breathing through the tube.	5th. Respiration little if at all disturbed.
6th. Voice extinguished; a hoarse whisper, interpeted with difficulty.	6th. Voice distinct, often quite natural.
7th. Retching slight.	7th. Retching and vomiting a common symptom.

These symptoms were so unvarying and contrasted so strikingly that the committee state that they regard the rational signs as the surest criterion of the success of the operation. They were exhibited with characteristic intensity in all but a single instance, and in this syphilitic ulceration had made such ravages in the structures about the superior portion of the air-passages that it cannot be considered a fair case. In the course of their experiments the committee became satisfied that the opinion of the operator as to the course and situation of the instrument is often fallacious when he relies upon his own senses and disregards symptoms. Dr. Green himself was frequently at fault. In several of the cases detailed, while positive that he had passed the instrument into the trachea, the patients vomited through the tube.

The question, then, of the practicability of the operation is henceforth set at rest. Its facility, however, is still a matter about which opinions differ, and depends in the opinion of the committee more upon the form of the instrument used than upon the previous preparation of the patient by the frequent applications of nitrate of silver to the upper portions of the larynx—a point so much insisted upon by Dr. Green.

The committee employed three instruments in their experiments, namely: 1st, Hutching's catheter (No. 10) with a wire stilet, and curved like a common catheter; 2d, one of the same size slightly bent at its extremity, (this is the instrument used by Dr. G. in practice), and 3d, a sponge-armed probang, the sponge having a diameter of from one-half to three-fourths of an inch.

Of thirteen trials of the tube with the large curve, eight succeeded; of thirty-eight trials of the tube with the small curve, three succeeded; *and of eighteen trials of the sponge probang, all failed.*

Now, this seems to us very strange. Dr. Green asserts "that this method of medicating the larynx and trachea is accomplished with much ease and ordinarily with great certainty," and "that the sponge-armed probang . . . . . has been in a thousand instances thrust down between and beyond the vocal chords, and has been carried not only through the trachea and bifurcations, but . . . . . has been passed *at will* into the right or left bronchial division." The committee, composed of gentlemen, and all

of more or less reputation for professional skill, with Willard Parker at its head, found, after a series of carefully conducted experiments, many of them upon patients who had been prepared for catheterizing by Dr. Green himself, that with the tube of the most approved curve the number of failures amounts to thirty-eight per cent.; that the tube with which Dr. Green is accustomed to throw injections into the air-passages failed of entering the trachea in ninety-two per cent. of the trials; and that the sponge-probang failed in every instance to enter the trachea.

The committee, not being satisfied of the practicability of passing a tube into tubercular cavities in the lungs, dismiss without remark the question of the probable utility of injections into such cavities; and very properly it seems to us.

Injections of nitrate of silver were thrown into the air-passages in three patients. Two did not again come under the notice of the committee though it is elsewhere stated that both individuals were benefitted by the treatment. The third case terminated fatally, and the committee believe that the injection was the immediate cause of death. We confess, however, that we do not altogether agree with the committee in this conclusion. The evidence on which they base their opinion is not as satisfactory as it might be. We may conscientiously believe that the death of the patient is chargeable to the injection, but, we repeat, that we do not think that the inference necessarily flows from the testimony adduced.

The committee close their report with the following conclusions, signed by three of the committee—Parker, Stone, and Wood, and subsequently by Metcalfe:

1st. Catheterism of the air-passages dates its history from the time of Hippocrates.

2d. The best evidences of the passage of an instrument into the air-passages, are the rational signs.

3d. The facility of the operation depends upon the kind of instrument used; the tube having a large curve being best, and the sponge probang least adapted to enter the trachea.

4th. That there is no reliable evidence, in the opinion of your committee, that the *sponge probang* has been passed through and beyond the vocal chords.

5th. That there is no positive evidence that an instrument can be passed at will into the right or left bronchial divisions.

6th. That in the great majority of instances where injections are supposed to have been thrown into the lungs, through a tube, they have passed directly into the stomach.

7th. That as regards the utility of injections of nitrate of silver into the lungs, the facts thus far developed, in the experiments of your committee, lead them to regard the operation as one fraught with danger, as well as difficulty.

Dr. Anderson did not think that the second division had received "that investigation which would enable them intelligibly to report upon it," and so declined attaching his signature to this division of the report. He signed however the first.

Dr. Stevens made a separate report: "As regards the question,' he remarks, "of the practicability of the introduction of the probang into the trachea, he did not see enough to enable him to consider the practicability of such introduction as a proved fact. But of the practicability of passing a catheter into the trachea, he was confirmed in his previous belief, that it admits of no question whatsoever." He moreover regarded it as proved that injections of the air-passages were "quite practicable with ordinary skill." The safety and therapeutic value of such injections, however, he did not think determined.

"In regard to the question of the practicability of directing the solution to a particular part of the bronchial tubes, or into any cavity connected with them, at the pleasure of the operator, he has seen nothing to lead him to an affirmative answer."

Here, then, are four gentlemen who sign an out-and-out report, one who subscribes to its larger part, and another who signs pretty nearly the whole—in all six. The name of the seventh member of the committee, Dr. B. Fordyce Barker, Dr. Green's colleague, is alone wanting. This appears attached to a minority report of considerable length and more feeling. We do not propose to notice the latter element of the report, except very briefly. Dr. Barker would have done himself more credit and the cause of his colleague, Dr. Green, better service, if all this portion of his report had been omitted. The profession are not likely to believe that Willard Parker and his fellow-committeemen are any more influenced by personal feeling in their report than Dr. Barker is in his. The experiments on which they base their conclusions are all detailed with such minuteness that a mere beginner can tell at

a single glance what are their legitimate teachings, and whether they are reconcilable or in keeping with Dr. Green's claims, without the aid of a key from Dr. Barker.

Hear-say is not evidence in a case like the present—indeed individual experience and individual belief are hardly admissible. The testimony of Dr. Barker's strongest witness is to be received with many grains of allowance. Dr. Watson, of New York, and Dr. Watson, of Glasgow, may both very honestly believe that they have passed the sponge probang into the trachea between the vocal chords, and yet be mistaken. How can this be doubted when after the originator of the mode of practice in question, Dr. Horace Green himself, while in several instances positive that he had successfully carried Hutching's catheter into the trachea, the patients vomited through the tube, and thus demonstrated his error.

But we will not prolong our remarks. We do not wish to be considered partisans in this discussion among the New York Academecians—we are mere lookers on and simply desirous of furnishing our readers with the latest intelligence from "the seat of war." Two more widely different documents than the majority and minority reports, could hardly have been based upon the same data. We have given the gist of the former—the following is the conclusion of the latter:

1st. Direct medication of the lungs by means of catheterism of the air-tubes, was first proposed and carried into effect by our associate member, Dr. Horace Green.

2d. The operation may be performed by the dexterous surgeon with ease and facility, and with perfect safety to the patient.

3d. The results of this method of treatment, whether it has been employed in bronchial affections or in the commencement of tuberculosis, have already afforded the most gratifying indications that practical medicine will be greatly advanced by this discovery.

We confess that, to our minds, neither report is satisfactory, nor do the conclusions of either appear to us wholly correct. We think that the report of the majority does not give Dr. Green the full merit to which his labors in this direction entitle him, and we are on the other hand sure that Dr. Barker claims for his friend and colleague more than facts thus far warrant. D. W. Y.

THE MERCURIAL VAPOR BATH.

Mention having been made in another part of the Journal of the Mercurial Vapor Bath, we have thought it might prove acceptable to our readers to give the following extract from Mr. Parker's work on Syphilis relating to the subject. It is our purpose to prepare for an early number of the Journal an account of the cases that we have submitted to this mode of treatment.

D. W. Y.

The patient is placed on a chair, and covered with an oil-cloth, lined with flannel, which is supported by a proper frame-work. Under the chair are placed a copper bath, containing water, and a metal plate, on which is put from one to three drachms of the bisulphuret of mercury, or the same quantity of the gray oxide, or the binoxide. Under each of these a spirit-lamp. The patient is thus exposed to the influence of three agents, heated air, common steam, and the vapor of mercury, which is thus applied to the whole surface of the body in a moist state. After the patient has remained in the bath from five to ten minutes perspiration generally commences, and by the end of twenty or thirty minutes, beyond which I do not prolong the bath, it is generally excessive. The lamps are now removed, and the temperature gradually allowed to sink; when the patient has become moderately cool, the coverings are removed, and the body rubbed dry; the patient is suffered to repose in an arm-chair for a short time, during which he drinks a cup of warm decoction of guaiacum or sarsaparilla.

The apparatus requires some modification and management to particular cases. Where it is wanted to induce a quick and decided action, the whole power of the bath should be brought into operation, and the largest quantity of mercury should be emplyed. In rapidly-spreading ulcers this is required. Again, in chronic skin or throat diseases, where a powerful action would rather oppress the patient than cure his disease, the power of the bath should be modified, and not so great a heat or so much mercury employed. This is accomplished by using smaller spirit-lamps, or, when perspiration has once been induced, by the removal of one lamp, leaving the patient thus exposed for a time to the mercurial vapor alone. This should be done where the patient has been broken down by long-continued disease, in bad or weak subjects, or where a more prolonged action is required to eradicate the more deep-seated effects of the venereal poison, as in diseases of the bones, or indurations on the penis. Each particular case would require a greater or less modification of this kind. The form of mercurial employed is also of consequence. In skin diseases the bisulphuret is to be preferred, in diseases of the throat or nose the gray oxide,

or binoxide is better, because the patient can bear the head immersed without sneezing or coughing, which he cannot do when the bisulphuret is used.

I am in the habit of using four mercurial preparations for the baths; the bisulphuret of mercury, the binoxide of mercury, the gray or black oxide, and the iodide. These may be used singly or combined in different ways, to suit the peculiarities or emergencies of each particular case. The first three preparations are milder than the last, and from half a drachm to four drachms may be used for a bath with perfect safety. In one case half an ounce was used for each bath, and two applications were sufficient to bring the system fully under the influence of the remedy. The iodide must be used in smaller quantities: nearly the whole of this preparation is rapidly converted into vapor, and, unlike all the other preparations, leaves scarcely any ash behind it. From five grains to half a drachm of the iodide is sufficient, and it is better to use it in small quantities, mixed with a larger quantity of either of the other preparations. In affections of the testes (sarcocele) and of the bones (the various forms of ostitis, or periostitis) a combination of a scruple of the iodide, and one or two drachms of the bisulphuret or binoxide would be a proper form. For local application to the cavities of the nose or mouth, a few grains only should be employed, as the vapor of the iodide of mercury is more irritating and more powerful than that of either of the other preparations I have mentioned.

A short preparatory treatment should be adopted before using the baths. The bowels should be kept free, and the use of wine, spirits, etc., prohibited. The patient should be free from fever, the tongue clean, and the freedom from organic diseases, such as those of the heart and lungs, more particularly, should be ascertained. Should such, or other complications be present, they might require modifications of treatment, but would not prevent its employ, as this is not only the most certain, but the safest way of curing all forms of constitutional syphilis.

This plan of treatment does not commonly require that the patient should forego his ordinary occupations of business, or that he should be confined to the house during its use. It must be admitted that its effects would be accelerated by confinement to bed, or to a couch in a moderately-warm room; but this is by no means imperative, and I have very rarely advised it, except in such cases where exposure or exercise would be positively mischievous, as in cases of sloughing, or rapidly-spreading ulcers in the throat or elsewhere.

The diet should be light, nutritious, and unstimulating; milk, chocolate or cocoa, night and morning; animal food for dinner, with weak wine and water. Where the patient has been reduced by mercury given internally, or by a combination of syphilis and

mercury, the diet may be more nutritious; but stimulants should be avoided. Smoking must be prohibited, particularly in disease of the throat and nose.

In a great majority of cases the moist mercurial vapor, employed as I have directed, is capable of curing the disease without the assistance of internal medicine; but the cure is generally expedited and rendered more certain by the administration of the latter in small quantities. The treatment is always assisted by the decoction of sarsaparilla or guaiacum, drank warm night and morning, and immediately after leaving the bath. I prefer the latter, the compound decoction, made according to the formula of the Edinburgh Pharmacopœia. Where other medicines are required to assist the treatment, and I allude particularly to the various preparations of mercury, it is surprising how small a quantity is required when the patient is using the vapor. I have known several instances where diseases which have been rebellious to large quantities of mercury, given for long periods, yield immediately the baths were employed. The effects of mercury upon the system become very quickly manifest under the influence of the baths, when the system had previously resisted this influence. When I employ mercury internally, during the use of the baths, it is either under the form of the biniodide, or bichloride given in solution in small quanties, not exceeding the twentieth of a grain tor a dose. The use of this medicine in drachm doses of the ointment in form of friction, in five grains of blue-pill or calomel, two or three times a day, under the old plan of treating venereal diseases by mercury, can never be required, except it is wished to break up the health and constitution of the patient. How many have never recovered from internal mercurial treatments of the kind. I never saw the most delicate patient, either male or female, whose health was injured for one hour under the plan I recommend, and I have very rarely seen a disease that has not been cured. The experience derived from the treatment of many thousand cases warrants me in speaking thus positively on the subject.

The time occupied in the cure of venereal diseases by the mercurial vapor-bath is vastly less than that consumed by any other kind of treatment: its effects are commonly immediate, one full bath very frequently making at once an impression on the disease. Where the hair has been falling rapidly, one bath has arrested this: ulcers which have been rapidly spreading have been rendered stationary by one bath. After two or three baths, the improvement is in most instances marked; and the cure is effected in one-fourth, or even one-sixth of the time required for the success of ordinary treatments. The nature of the cases determines the time occupied in the cure. In superficial skin diseases, or superficial ulcers of the nose and throat, the cure is very rapid. I have con-

stantly known affections of this kind entirely cured in a fortnight or three weeks, with pleasure rather than inconvenience to the patients. In enlargements of the bones and testes, indurations of the penis, persistent induration of the cicatrix of a primary sore, the cure is necessarily more tedious; the change of structure produced in such diseases must have time for removal: nevertheless, in these cases, which require months of treatment, under common circumstances, and which are not unfrequently considered or given up as incurable, the moist mercurial vapor will do more in a month than any other treatment in six. I have known cases of induration of the penis removed in three or four weeks, which have not shown the slightest disposition to amendment after months of ordinary internal treatment.

All authors and all surgeons conversant with the treatment of syphilitic diseases, admit the frequency of relapses under ordinary treatments; hence constitutional diseases are to be feared as the result of primary ulcers; and when one form of constitutional taint has been apparently cured, it is commonly, after a time, succeeded by another. Thus venereal diseases run through those phases or grades which have been termed primary, secondary, or tertiary; and it has been a primary object in all plans of treatment to have recourse to those which, while they cure the disease then present in the best manner, and with the least risk, shall prevent the occurrence of future diseases under another form. Relapses will occasionally occur under all forms of treatment, but I will undertake positively to state, that they are by far less frequent and important under this plan of treatment than any other; and when they do occur, are trivial, and yield with great certainty to a second application of the vapor.

The effects of the mercurial vapor-bath upon the patient vary under different circumstances. If the general health of the patient be apparently good, and we have to control a single isolated symptom of disease, such as a primary sore, an enlarged testis, or an indurated cicatrix, and the baths be used too frequently, the patient would become a little languid, and probably a little thinner; this would be avoided by properly timing the intervals between the baths. Should the patient be laboring under general constitutional taint, and exhibit as local symptoms loss of hair, sore throat, ulcers of the nose, or skin diseases, he almost invariably gets fat under the treatment. The mouth is commonly affected, after using four or six baths, more quickly if the head be immersed, which is better: some patient can bear the head in the bath for five, ten, or even twenty minutes without inconvenience: patients vary in this particular; and it depends very much on the form of mercurial employed. The gums, when affected, are red, elevated, and tender, but the baths never produce salivation, or ulceration of the mouth.

Some forms of constitutional syphilitic diseases more readily yield to the use of the vapor than others. Some are cured with an extraordinary degree of rapidity, and are perfectly cured, which is proved by their not having relapsed, or presented a fresh venereal symptom after many years. These forms are superficial diseases of the skin, loss of hair, superficial ulcerations of the nose and throat.

Some varieties require a longer treatment, as diseases of the deeper-seated parts of the skin, some forms of ulceration, diseases of the testicles and of the bones.

To all forms of constitutional syphilitic disease the treatment by vapor is applicable, and beyond all doubt the most speedy, certain, and safe remedy that can be employed; yet there are some forms of disease which yield with greater rapidity than others. That which gives way with the greatest difficulty is the induration which succeeds to the healing of a primary sore. I do not mean that soft fullness which is sometimes found in such situations, but that cartilaginous hardness which is met with under the skin, and which is sure, sooner or later, to end in local or constitutional mischief. I have seen cases which have resisted all modes of treatment but the baths; to these they yield but slowly, but they do yield, and with certainty, after other plans of treatment have been followed for months without success, or with but partial amendment.

One or two objections have been raised to this plan of treatment by the reviewers of the last edition of this work. These are easily answered, and would never have been made had those gentlemen been familiar with its practical working. The chief objection which has been raised, is that it is unmanageable, and the quantity of mercury introduced into the system cannot be regulated, and that rapid and severe salivation might occur. For nearly twenty years I have administered, or superintended the administration of this bath, from four to six times every day, and I have never seen one case where such an effect has been produced.

The analogy has been made with the dry fume, which sometimes has produced such an effect: the mixture and dilution of the vapors of mercury with common steam, and the sweating induced by the bath, entirely removes any fear of this kind, and I would stake my reputation that with proper management it cannot occur.

I must not be understood to say that I consider or recommend the mercurial vapor bath as a specific remedy in all forms of constitutional syphilis, but I repeat that it is the most powerful therapeutic agent in the removal of disease, and the least harmful to the constitution of the patient of any remedy with which I am acquainted; neither am I so prejudiced in favor of this remedy as to

reject the assistance of all others, which, as we shall presently see, when associated with it, under certain circumstances, produce the best effects, but which effects, I am bound to say, would not, under many circumstances, occur without the assistance of the vapor, since in numerous instances these remedies have failed in curing the disease when used alone. The profuse sweating induced by the bath, prevents the accumulation of either iodine or mercury in the system, and thus contributes materially to the preservation of the constitution of the patient.

UNIVERSITY OF LOUISVILLE.

From the advertisement on the cover of this journal it will be seen that the lectures in the Medical Department of the University of Louisville commence on the last Monday in October, and that a preliminary course will be delivered during that month. The coming course will be the nineteenth in this institution. The school was organized in 1837 under the name of the *Medical Institute of Louisville*, and lectures were delivered during that winter to a class of eighty students. In 1845 the Medical Institute became a branch of the University of Louisville. It was liberally endowed by the city of Louisville. A noble edifice was erected, and a library and all the requisite apparatus purchased for its use. The matriculation fund has been devoted to the increase of its scientific furniture, and its museum, library, and chemical apparatus have been steadily increasing. Few schools anywhere have afforded students greater facilities for the study of anatomy. The Marine Hospital presents a fine field for the study of Clinical Medicine, and the Clinic at the University brings before students many interesting cases during the session.

In the preliminary course of lectures extending through the month of October, the Faculty have virtually lengthened the session to five months. It is believed that the lectures delivered in this preliminary course are equal in interest and value to any given during the winter, and students should therefore avail themselves of the advantages offered by this course.

The friends of the University will be gratified to learn that no changes have taken place in the Medical Faculty, in the last year, and that its organization promises now to be stable. The professors, with one exception, are all citizens of Louisville and not likely, soon, to seek to dissolve their connection with the school.

THE LATE DR. ELISHA BARTLETT.

That illness, the end of which has been for years but too clearly foreseen by his friends, has at last brought to a close the earthly career of this great and good man. Dr. Bartlett died at his paternal mansion, in Woonsocket, R. I., on the 19th of July. The intelligence of his death, in the prime of his manhood and in the midst of his usefulness, will fill with sadness thousands of hearts in every part of our country. A teacher of rare popularity, and an author of high reputation, he was a man so gentle, so genial, so kind-hearted that none could know him but to love him. He passed one winter in Louisville; his friends here will never forget that winter—they can never forget that expanded forehead, that most open and winning smile, and that silver voice to the gentle intonations of which so many listened with delight. He was then an invalid, worn by that disease of which he has just died, and the unsteadiness of his gait, the air of languor, the pallid features, betokening too unerringly the hopelessness of its character, heightened the interest felt in him by his friends. But we are not going to write his eulogy, nor attempt a sketch of his life; that task will be perfomed by one who knew him more intimately than the writer of this brief notice.

THE ATLANTA MEDICAL AND SURGICAL JOURNAL.

We have received the prospectus of a journal bearing the above title, which is to be published at Atlanta, Ga., under the auspices of the Faculty of the Atlanta Medical College, at $3 per annum. It is to be edited by Joseph P. Logan, M. D., and W. F. Westmoreland, M. D., both Professors in the Atlanta school. From the names of the gentlemen who are to conduct it we may safely say that it will be devoted to the interests of legitimate medicine. Dr. Westmoreland is already known to the profession in the South as a laborious student and ready writer. We wish the gentlemen abundant success in their new and arduous enterprize.

D. W. Y.

MISCELLANEA.

A Brisk Village in the Medical line.—Atlanta, Georgia, with a population of a few thousand, is the seat of two Medical schools, and boasts of three Medical journals.

Professorial Appointments.—Gerge C. Blackman, M. D., has been appointed to the chair of Surgery in the Medical College of Ohio, *vice* Asbury Evans, M. D., resigned.—In the same school Dr. S. G. Armor succeeds Dr. Lawson in the chair of Theory and Practice of Medicine.—Dr. James Graham succeeds Dr. Edwards in the chair of Materia Medica, and Dr. John H. Tate has been elected Professor of Physiology, Hygiene, and Medical Jurisprudence.—Dr. John R. Allen, formerly Professor of Obstetrics in the Medical Department of the Missouri University, has accepted the same chair in the Medical Department of the University of Iowa, at Keokuk.—The vacant chair of Physiology and Pathology in the Rush Medical College has been filled by the appointment of William B. Herrick, M. D.—To the chair of Anatomy, Dr. J. W. Freer has been appointed; to that of Materia Medica, Dr. H. A. Johnson, of Chicago.

In Brooklyn, N. Y., there are 268 Regular Physicians and Surgeons, 35 Homœpathists, 11 Eclectics, 3 Botanics, 3 Female Physicians not classified.

The Women's Hospital, in New York, has been publicly inaugurated.

Jews Hospital, is the name of a new charity in the city of New York, erected by the munificence and voluntary contributions of members of the Hebrew faith.

German Medical Society.—A Medical and Surgical Society of German Physicians has been organized at the University Medical College, New York.

New Hampshire Medical Journal of Medicine.—Dr. Charles Bell, of Concord, N. H., has been associated with Dr. G. N. Hubbard, as editor of this journal.

Aluminium.—The Emperor of the French has conferred the cross of officer of the Legion of Honor on M. St. Clare Deville, and that of simple member on M. Vohler, for their discovery of the new metal aluminium.

A Medical Goblet.—Goblets made of quassia wood are now sold at the leading druggists' shops in New York. Water is poured into them, which, after being left for some minutes, is drank, as a cure for dyspepsia. D. W. Y.

Record of Medical Science.

LECTURES ON CLINICAL SURGERY. By JAMES SYME, Esq., Professor of Clinical Surgery in the University of Edinburg.

LECTURE XVII. *Lateral Curvature of the Spine.*—Hitherto, gentlemen, the remarks which I have had the pleasure and honor of addressing to you have always had reference to particular cases; but I propose to-day to offer you some observations not in connection with a case. My reason for this deviation from the usual practice is, that the derangement which I wish to bring under your consideration never can be treated under my care in this hospital, while at the same time the subject is of great importance, and one regarding which I am anxious that you should entertain just ideas: I allude to Lateral Curvature of the Spine. I suppose I need not remind you that the vertebral column is made up of a number of bones, with interposed plates of fibro-cartilage and connecting ligaments, and that muscles are attached which give it stability and also execute its movements. The spine thus constitued, when viewed from before backwards, appears nearly straight in the healthy condition, having merely a slight lateral curve in the dorsal region; while seen laterally it presents a series of curves, having a convexity forwards in the cervical and lumbar, and a concavity in the dorsal region, and is thus much better adapted for the erect posture than if the dorsal and lumbar portions formed but one curve, as is the case with quadrupeds, and even the quadrumana. The spine tends to yield in advanced age, when its natural curves become increased, and the trunk is proportionately shortened, and indeed in our diurnal experience the same thing occurs to some extent, so that a man is taller in the morning than after the fatigue of the day—a fact of which recruiting sergeants are well aware, and when, therefore, there is any question as to stature, they take care to have it ascertained in the early part of the day. But such changes of form in the spine are of slight consequence compared with the great morbid deviation to which it is liable in the lateral direction. This occurs chiefly in the dorsal region, where a curve is formed with its convexity generally to the right, though sometimes to the left, while in the lumbar region a compensating curve occurs in the

opposite direction. This distortion may exist to any extent, from that which is so slight as to require the greatest nicety to discover it, to the extreme degree to which you see in this skeleton. You observe the bodies of the vertebræ are of a wedge shape where the curvature exists, and they have also undergone rotation, so that their anterior part constitutes the convexity of the curve; the ribs have also suffered, being on the right side separated one from another, and broader than natural, their angles being so acute, that some of them are actually in contact with the bodies of the vertebræ, while on the left side they are pressed together and very narrow. You will readily understand how this state of things, besides the great deformity which it produces, must greatly cramp the organs contained within the chest, and interfere with their functions. But leaving the effect of this disease, I must pass to what I wish to bring particularly under your notice at present—its causes, prevention, and remedy.

In considering the causes, you must remember, that in order to keep the spine erect, a muscular effort is required; if you attempt to place in the erect posture the body of a drunken, sleeping, or dead man, the trunk will bend from the want of this action. If the exertion be long-continued, the muscles get tired, more especially if the individual be not strong, and he seeks relief from support, if possible, but in the absence of it, allows the spine to bend so far as the resistence of its textures admits, and this generally takes place in the lateral direction. If the position thus assumed be long maintained, and frequently repeated, it is apt to become permanent; the bones yielding and becoming altered in form to accommodate themselves to the unnatural position, and when once this change has commenced in the bones, it goes on more and more rapidly, the weight of the head and upper part of the body acting with greater leverage, and therefore, with more effect. Lateral curvature does not generally occur without a predisposition, and among the predisposing causes, age is one of the most important. It may be said to be essentially a disease of youth, occurring generally between seven and seventeen, and most frequently about the middle of this period. Females are more subject to it than males, and especially those of weak constitution, and who have been delicately brought up. There is also, sometimes, a predisposition from an unnaturally soft state of the bones, and independently of these causes, one often sees evidences of an hereditary tendency to the disease, from its appearing in several members of the same family, sometimes in short squat persons, whom you would think not likely to be affected with it. While the disease is thus generally induced by fatigue of the muscles, in consequence of long continuance in one position, it may occur in the opposite condition—namely, from inordinate muscular efforts. If you wish a muscle to act so as to produce an

effect upon its insertion, it is necessary that its origin be fixed, for which purpose another set of muscles are called into action. In this way a vigorous effort of the right hand brings into play the muscles of the trunk, and the chest is bent to the opposite side. Hence the cause why hernia is so common on the right side, the right hand being more frequently used than the left, and when the chest is thrown over to the left side, the pressure of the diaphragm tends to force the abdominal viscera more to the right than to the left groin. Excessive muscular exertion is, however, a much less frequent cause of curvature than the opposite condition of deficient exercise in the erect or sitting posture. Tight stays, by interfering with the action of the muscles of the trunk, may have an indirect effect in producing lateral curvature. Much nonsense has been spoken about the influence of stays in this disease, but they cannot act except in this way.

With regard to the means of treatment that are in use, the first I have to mention to you consists of exercise of the muscles of the trunk, it being supposed that as want of exercise is a great cause of the disease, exercise must be the best means for its remedy. Nothing can be more absurd than this practice; the spine is already curved, and its bones altered in form, and you cannot correct this condition by exercise; on the contrary, the more the patient is kept in the erect posture, the greater tendency will there be to increase of the deformity. Exercise might have prevented the disease, but if employed subsequently to its establishment, must increase the evil. I recollect seeing a young lady from a boarding-school in England, who had been sent out on botanical excursions several hours every day, on account of lateral curvature, with no better result than rendering the deformity extreme. This notion of affording relief by exercise, has been cherished to a degree of absurdity that you could hardly conceive possible. It has been supposed that because milkmaids and others who carry heavy weights upon their heads, are commonly erect in their gait, it must, therefore, be useful for persons affected with lateral curvature, to sustain similar loads, and accordingly, footstools filled with books, etc., have been placed upon the heads of young ladies laboring under this distortion. I am happy to be able to quote on the subject of exercise as a means of treatment, an authority which you will be better able to appreciate bye-and-bye—namely, the surgeon of the Royal Orthopœdic Hospital. He writes: "Exercises are of use only where we find nothing more than the disposition to spinal curvature. In delicate patients, well-regulated and gentle exercise, with good diet, cold bathing, bark, and chalybeates, will effect wonders in the way of prevention; but when a cure is called for, other means must be put into operation. No one will deny that the exercise of muscles increases their development. Therefore, to exercise the mus-

cles of a curved back by the use of pulleys, and a variety of other modes, is to create a direct obstacle to successful treatment, for not only are the muscles exercised on the convexity of the curve, but also on the concavity, which, by an increase of development, augments the resistance already present,"* and in illustration of the system thus more decidedly than lucidly impugned, Mr. Tamplin gives the following "as a literal statement made to him by a patient from a spinal hospital, of the course of treatment she received there; nine o'clock till one, swinging, climbing a ladder, and turning a wheel; then hung up by the head for half an hour; then laid on a couch for an hour; then dinner; laid on the couch till five; then a walk (in summer); then to bed."† This quotation will serve to show you, that independent of any argument founded upon a common-sense view of the subject, we may demolish, by orthopœdic authority, the treatment by muscular exercise. But I must warn you, that you will find the friends of patients very partial to this kind of treatment. I recollect being called to see a young lady with lateral curvature, whose father was a great philosopher. In her boudoir, which might well be called a chamber of horrors, was a long ladder, a swing suspended from the ceiling, a wheel for her to turn, and various other implements of torture lying about the floor. I tried to explain to this gentleman that as the curvature was already present, all that exertion could be productive of no benefit; but he was not to be convinced, and I dare say that young lady is to this day climbing her ladder, turning her wheel, and going through the rest of her gymnastics.

Passing from the treatment by muscular exercise, there are two other means only to be considered. Both of these are founded on mechanical support, which is applied on two principles; one of which is to open up the curve by pressure applied to its extremities; the other to force the distorted spine into its proper position by pressure on the convexity of the curve. We will consider these methods in order. The apparatus by which the former object is alleged to be obtained, consists of an iron hoop round the pelvis, from which a crutch passes up at each side to support the arm-pits. Just consider for a moment how this will act. The scapulæ being connected with the spine only by muscles, pressure applied below the arms may raise them (the scapulæ), but cannot alter the position of the spine, and its only effect will be to take off the weight of the upper limbs, which is comparatively slight, while that of the head and upper part of the trunk continues to operate as injuriously as ever. There will, no doubt, be an improvement in the patient's figure as long as the support is applied, but no change so far as the spine is concerned. This is so obvious

* Vide Lateral Curvature of the Spine, by R. W. Tamplin, p. 34.
† Vide op. cit., p. 36.

that I need hardly detain you longer upon it; and, accordingly, I find that the plan now generally used is different, and that the principle of opening up the curve, which was pursued at a former period, is now generally superceded by the other principle of compressing the convexity, the apparatus being so constructed that plates of metal, or bands of some firm material, are forcibly applied over the prominence of the distorted ribs. If you look at this preparation, you will see that pressure so directed cannot possibly have any good effect, but must aggravate the complaint. You may say this is prejudice on my part; but I will again bring you an unimpeachable authority, and as I before quoted the surgeon of the Royal Orthopœdic Hospital, I will now quote the assistant-surgeon of the institution: "There are many forms of portable instruments," writes Mr. Brodhurst, "though all are made on one or two principles of action. Thus, one kind acts on the convexity of the curve; the other, on the superior extremity of the primary curve. Of the former is the instrument invented by Delpech, and used by Stromeyer, and at present by Mr. Tamplin; and also that of Tavernier, and its modification known as Mr. Lonsdale's. The former consists essentially of metal plate, which presses on the convexity, and, laterally, on the ribs; the latter, of a webbing band, which presses posteriorly and laterally. Many others, somewhat differing in form, act in the same manner."* Now, I beg you will attend to the following statement regarding these apparatus by the assistant surgeon of the Royal Orthopœdic Hospital: "Every instrument which acts on the spine by pressure laterally on the ribs, must, after rotation has taken place, increase the flattening of the ribs; and must also increase, through pressure on the convexity, the wedge-shape of the bodies of the vertebræ. Much might be said on this subject. I will, however, only further introduce a few lines from the late Mr. Shaw's work: 'There can be little doubt,' wrote Mr. Shaw, 'that a lateral pressure made upon the ribs, when the spine is slightly bent, will tend to throw the sternum forwards, and thus to give the chest not only the form resembling that of a bird, but even of a fish. And, again, it is easy to demonstrate that the application of an instrument, with this intent (lateral pressure), not only diminishes the area of the chest, but increases the distortion; the shoulder is pressed against the flat part of the ribs, and, consequently, the unnatural angle, which even in cases of slight distortion is, to a certain degree, formed in the ribs, is increased. When the ribs are thus distorted, the size of the chest is very much diminished, for the middle of the rib is necessarily brought nearer to the spine.'"† Now, if any one not a specialist, were to express such

* Vide on Lateral Curvature of the Spine, by Bernard E. Brodhurst. 1855. p. 51.
† Vide op. cit. p. 53.

sentiments, he might be met with the retort that he was an ignoramus, and therefore not to be listened to; but no such objection can be made here, and I confess I am not sorry to see these signs of insubordination approaching to mutiny in the orthopœdic camp; and I can but hope that the quarrel thus begun will be carried on with acrimony. It is a common saying, that if a certain description of people quarrel, the rest of the community derive benefit; and I should not be sorry if the conflict in this case should be carried no less bitterly than the famous encounter of the Kilkenny cats, which, you may recollect, devoured each other so effectually that nothing remianed of them but their tails.

I hope I have said enough to satisfy you that muscular exercise and mechanical support, on whichever principle it be applied, are alike ineffectual in the treatment of the disease. Are we, then, to regard lateral curvature as incurable? I believe we must admit that it is so if the bones are altered in shape. How is it, then, you may ask, that we find so many cures related, and that the orthopœdic system is applied so extensively to the disease, even in its most advanced stages? This is not difficult to understand. A young lady from the country, affected with spinal curvature, consults an orthopœdist, who prescribes steel stays, which have the effect of improving her figure while her clothes are on, and letters are written to her friends at home, reporting the wonderful improvement. After a while it is found that when the stays are taken off things are much as they were at first; this is attributed to some imperfection of the apparatus, and alterations are made in it with no better result; and this goes on and on till the patient's friends are tired; but in the meantime the first effect of the favorable news has become extensively diffused, while the final failure is not talked of. Why should it be? The disappointment, and loss of time as well as money, are not pleasant subjects of conversation. Hence the effect of the flourish of trumpets that is sounded on the first supposed improvement is not counteracted by the ultimate result. Another reason why cures are ascribed to this treatment is, that the stays are often applied to where no curvature exists at all. This very apparatus, heavy, complicated, and ingeniously constructed as you now see it, I directed to be removed from a young lady, whose spine was and, so far as I could learn, always had been perfectly straight. You will inquire why such things are done. A panic exists among the public on the subject of spinal curvature, and you will find that in almost every boarding-school for young ladies, there lies on the drawing room table, one or more neatly-bound and strikingly-illustrated works on curvature of the spine. Mr. Tamplin quotes a description, the accuracy of which he "can personally vouch from repeated inquiries," and in it the following statements occur: "We lately visited, in a large town, a boarding-

school containing forty girls; and we learned, on close and accurate inquiry, that there was not one of the girls who had been at the school two years (and the majority had been as long), that was not more or less crooked." "We can assert, on the same authority of personal observation, and on an extensive scale, that scarcely a single girl (more especially of the middle classes) that has been at a boarding-school for two or three years returns home with unimpaired health." * Well, then, you can fancy what a fine field there is for this practice. If any young lady is observed to sit a little awry, a spine doctor is called in, and stays are ordered for her. I do not say that the wearing such apparatus necessarily induces curvature, though I do not doubt it must fatigue and encumber the patient so as to increase the tendency to it; and supposing that the spine even should remain straight when the stays have been worn for a length of time, the case is considered one of cure by the apparatus. I could mention to you many remarkable cases that have come under my notice, where steel stays have been long worn, while nothing was wrong in the spine.

The confidence too generally placed in this mode of treatment arises, then, from two causes—namely, the natural sanguine expectations of the patients' friends, excited by the machine-makers, and not counteracted in their effects by the final failure; and, secondly, from the apparatus being often applied where no disease is present. I may remark, that what I am stating to you is nothing new—nothing more than was well-known five-and-twenty years ago, when the futility of mechanical support had been clearly demonstrated. But a strange revolution has since taken place. When the orthopœdic system commenced, it was alleged that lateral curvature of the spine could be cured by cutting the muscles of the back. Nothing could be more monstrous than such a proposal, and I then felt it my duty to write a paper, in pretty strong terms, upon the subject. It would now be needless to say anything against this practice, for its absurdity is admitted on all hands; but at that time it was taken up extensively by the public, and cases of lateral curvature thus came to be claimed by the orthopœdists, who, having got possession, kept a firm hold, and now, dismissing all pretence to tenotomy, subject them to mechanism, far beyond any extent ever previously practiced. It is therefore the more necessary that we who practice the profession in a comprehensive manner should tell the plain truth to our patients upon this subject; but while confessing that when the disease has advanced to alteration of form in the bones, cure is beyond our power, you should throw your strength into the statement of the important truth that where only a tendency to the disease is present, it can be easily and effectually obviated by

* Vide Tamplin on Lateral Curvature, p. 9.

proper management. If a young lady shows her disposition to latetal curvature, you may certainly prevent its occurrence by enjoining upon her friends not to allow her either to sit still or to stand still—a precept which should be written in letters of gold—but in the intervals of the periods allowed for varied and active exercise to recline upon a mattress or sofa when she reads or works. Reclining-boards are absurd contrivances, which should be discarded. I recollect a lady who came from the country with her daughter, having previously written about her case, and who said that she was ashamed to bring her, as there was then nothing at all the matter with her back, but that as she had arranged to come she thought it best to do so. It appeared that in the interval from the time when she wrote, the young lady had been relieved from her lessons, and was soon afterwards observed to be free from all appearance of deformity. But when the alteration of form has occurred in the bones, the next best service you can render is to keep your patients out of the hands of those rapacious individuals who, while they hold out delusive assurances of relief, extort money which can often be ill afforded, and lead in the end to nothing better than disappointment. If consulted when the patient is not grown up, and the bones are but slightly affected, you may do much good by enforcing the recumbent posture, when the future growth of the bones may, and probably will, prevent aggravation of the complaint; even here, however, a cure of deformity already existing must not be looked for.

I will trouble you with no more observations on this subject at present, trusting that what has been said will induce you to give it your serious consideration, and study it as you would any other department of surgery, without being trammelled by popular prejudice or the ignorant dogmatism of specialists.—*London Lancet.*

Chlorate of Potash Internally in Ulcerated Stomatitis, either Mercurial or not.—It would appear, from experiments made by M. Herpin, of Geneva, and M. Blache, of Paris, that chlorate of potash has a wonderful efficacy in the above affections. The salt is given in doses of from half a drachm to a drachm in some mucilaginous vehicle; this is given three or four times in the twenty-four hours, and a palpable improvement is at once observed. The *topical* use of this solution has not been found so efficacious.—*Ibid.*

Acute Disease. *On the Diagnosis of Typhus and Typhoid Fever.*—By (1) Dr. Parkes, Physician to University College Hospital; (2) Prof. Forget, of Strasburg; and (3) Dr. Ritchie, Physician to the Royal Infirmary at Glasgow.

1. (*Medical Times and Gazette*, Nov. 24, 1844.)
2. (*Gaz. Méd. de Paris*, Nov. 25, 1854.)
3. (*Glasgow Medical Journal*, Oct. 1854.)

It appears to be still necessary to insist occasionally upon the non-identity of typhoid and typhus fever; and we therefore transcribe the following remarks:

1. Dr. Parkes speaks as follows in a clinical lecture:

"You are brought to see this young woman, we will say for the first time: the specific rose-spots are gone; she is laboring to all intents and purposes under severe bronchitic and chest symptoms (a chemist, or practitioner with a druggist's shop, has prescribed and given cough mixtures, perhaps, without seeing her); you find her respiration 30 in a minute, cough incessant, with some expectoration; nervous symptoms also well marked; vertigo complained of, torpor, the eyes closed; she is delirous at night; she has also diarrhœa, pain over the abdomen, pulse quick, tongue furrowed and somewhat coated. Suppose, I say, you were called to such a patient, and moreover she is unable to give any account of the previous illness, how are you to make the diagnosis? There are only two ways—one the positive method, the other the method as it is called by 'exclusion.' The first is obvious enough, and will of course be more valuable to the practiced eye of the experienced physician, who seizes the nature of the case at the first glance by a sort of intuitive knowledge of what typhoid really is. Now the method of diagnosis by exclusion—the plan of logic-writers, *per viam exclusionis*, in this and other diseases, is one, though not without disadvantages, yet of no mean importance. The first question you resolve in your mind will be—Is she or he, as the case may be, laboring under any of the idiopathic fevers? any of the exanthemata? No. Is it typhus? You make the same answer, as the eruption in ty*phus* is as different from ty*phoid* as scarlatina from measles. The eruption is absent in patients under 22 or 21 (this patient's age is about this). Is it relapsing fever, so common some years, as 1828–29? No. You ask yourself, then, is it typhoid? Yes. Nervous symptoms are marked, chest symptoms and diarrhœa also; the latter loose, granular, yellow, so peculiar to typhoid. You have soreness of the right iliac fossa; but then you say we have no rose-spots, and then you remember in at least 20 per cent. these rose-spots are not found. You must weigh and balance all these circumstances in your mind."

2. Dr. Forget has written several elaborate articles in the 'Gazette Médicale de Paris,' to furnish clinical proof of the non-identity of typhus and typhoid fevers.

In these articles he does not deny that typhoid fever may arise very commonly from infection; but he believes, from an experience of twenty years, that it may also proceed from a variety of causes quite foreign to it—such as moral affections, irregularities of diet, different morbid affections of both solids and liquids. Thus, follicular inflammation may come on from local causes, idiopathic, attacking primarily the digestive canal. Typhus never appears unless under some unfavorable conditions of the atmosphere, and then it first attacks a district occupied by persons closely aggregated, and in want of proper nourishment.

By the external general aspect, severe typhoid and typhus fevers resemble one another; but upon close inspection, certain points of difference will be observed. In follicular enteritis, the typhoid state is not constant, and is usually secondary. In typhus the stupor and the prostration exist from the invasion of the attack, indicating a general cause acting primarily as a powerful poison.

In typhoid fever, the gastro-intestinal symptoms are more constant and more primitive, for they exist sometimes alone; and it is excessively rare to meet with cases of follicular enteritis which do not offer from the commencement the sandy, dotted, and rosy appearance of the tongue; the rumbling (*gargouillement*) and pain in the right iliac fossa, the diarrhœa or the constipation, etc. Other symptoms may dominate over these, but they do not absorb them completely; while in typhus, especially at the commencement, the tongue is very often humid, smooth, and white; the abdomen is exempt from tympanitis and pain, and defection is not sensibly altered. It is, nevertheless, true, that, in many instances, gastro-intestinal symptoms perfectly simulate those of follicular enteritis. Both typhus and typhoid fevers may be violently febrile or completely apyretic; either of them may present pectoral symptoms. As regards the lenticular rosy-spots, represented as proper to typhoid fever, it is proved that they may be produced in typhus. The author admits, however, that they constitute perhaps the best differential symptom. Typhoid fever is generally more slow and gradual in its progress. In simple, non-complicated cases, this uniform evolution is in exact relation to the development of the intestinal lesions. In typhus it is different; the disease acquires at the outset its greatest amount of intensity; then it oscillates, and varies from better to worse suddenly and unexpectedly. The nervous system has been acutely impressed by the morbid poison, and the ulterior accidents depend upon the variable localizations which happen to be produced. The duration of the diseases presents well-marked points of difference.

While typhoid fever passes through its stages gradually, and with a quasi-fatal regularity, typhus becomes suddenly milder or more severe, and, under most unfavorable-looking aspects, may run on to cure with remarkable rapidity.

As regards treatment, it need scarcely be said, that no specific remedy has been found for the arrest of typhoid fever; the treatment must depend upon the features of each particular case; bleedings and purgatives, chlorine and mercurials, musk and bark, have respectively their proper application. But the author attaches especial importance to the management of the ulcerated digestive tube, and he forbids the administration of such stimulants as would act violently, or of any strong medicine calculated to excite irritation. In typhus fever this precept does not apply, the intestinal lesion being absent or accidental. Whether the practioner has to deal with cerebral, pectoral, or abdominal typhus, he need not fear, by any plan of treatment he can adopt, that he will be aggravating the intestinal ulcerations.

The same careful and scientific practitioners who, bearing in mind the ulcerated or gangrenous state of Peyer's patches of glands in typhoid fever, cease to expect to found any system of treatment by which that disease may be cut short, do not despair of finding some agent sufficiently powerful to overcome the poison which in typhus fever is the cause of its characteristic train of symptoms. Nevertheless, we do not here possess any specific; but we may remove the patient from the infected district with advantage, and place him in pure air.

3. Dr. Ritchie's remarks are the conclusions to one of a set of clinical lectures on typhus and continued fever, which is published in the 'Glasgow Medical Journal.' He says:

"In conclusion, I would submit that, in the long course of inquiry now gone over, reaching from before Hippocrates to the present day, there is continuous evidence of the existence of two separate and essential, or primitive forms of fever, possessing many features of resemblance, and yet more of difference the one with the other, and which, ever and anon, gave occasion to discussion among medical men on their nature and relations. The one fever, or our typhus, being distinguished by independence of situation, season, or temperature, arising spontaneously from human affluvia, as in crowded camps or jails, but possessed of eminently contagious properties, and being often therefore imported from distant infected localities; having a measle like efflorescence on the skin as early as the fourth day, profound and diversified affections of the sensorium, great prostration of the vital powers, a disposition to putrescency, and requiring cordial food, wine, and other stimulants for its treatment. A crisis, in favorable cases, taking place on the fourteenth day, followed by a good recovery; but death often happening on the twelfth day, the necro-

scopical appearances being chiefly negative, or only such as are occasioned by fluidity of the blood, and by softening of the solids.

"The other fever, again, or our enteric, being of indigenous origin, arising in damp and cold seasons and countries as a simple sporadic fever, but, under special climatic and hygienic conditions, developing malignant epidemic, and also contagious qualities. Its prominent symptoms manifesting themselves much in the abdomen and thorax, the cutaneous eruption papular in form, inconstant, comparatively scanty, and appearing only about the eighth day; the disposition to crisis feeble, and seldom occurring before the twenty-first or twenty-eighth day, and the tendency to local complications so strong, that recovery often did not commence before the eightieth day. When death was the result, it was usually from inflammation, and sometimes perforation of the bowels, and the appearances on dissection were distinctive of inflammatory degeneration of the mucous membrane, the follicles, and other glands of the intestines. A moderately antiphlogistic, a soothing, cooling, and expectant treatment, such as one or two bleedings, a mild diet, fomentations to the belly, and abstinence from wine, spirits, or any kind of fermented liquor or stimulating food, was that which was suited to the disease."—*Half-Yearly Abstract of the Medical Sciences.*

On the Substitution of Zinc for Lead in the Preparation of Diachylon Plaster. By M. N. Gueneau de Mussy. (Bulletin Gén. de Thérap., 1854, p. 569.)—During a stay at the thermal springs of the Pryénees, Dr. de Mussy was struck with the fact that where the baths were used by persons employing diachylon plaster, all those parts of the skin which had been in contact with it became covered with a thick layer of sulphuret of lead, which was very difficult of removal, and he was led to inquire how far it was prudent to maintain these saturnine compounds for a long time in contact with large absorbing ulcerated surfaces. He refers to an instance in which, on two different occasions, lead colic was induced by such an application. At the suggestion of this physician, M. Boileau endeavored to form a plaster with a base of zinc instead of lead. A solution of white soap was brought in contact with a solution of sulphate of zinc, an abundant precipitate of oleo-margarate of zinc fell, which, being washed and dried, was combined with the various other substances which enter into the formation of dyachylum; augmenting, however, the proportion of oil and wax in order to preserve a proper consistence to the plaster.—*Brit and For. Medico-Chir. Review.*

A General View of the Results obtained by Subcutaneous Surgery. By M. Guerin.—In a paper submitted to the Académie des Sciences, M. Guerin declares that all his subsequent experience is only confirmatory of the statements made by him in his celebrated memoir in 1839. In a general review of the subject, he here re states in a summary manner, the principles upon which subcutaneous surgery is based, and the practical applications it is susceptible of.

1. *Tissues when divided under the skin undergo immediate organization.*—In the first memoir, he showed that if the absence of contact of the air, and hermetical closure of the orifice of the incision were secured, immediate organization, with an absence of local and general reaction, resulted. He now adds that there are certain incidental conditions which, if not provided for, may interrupt this process, and cause failure even when the main condition of exclusion of the air has been observed. In this point of view the behaviour of the *fluids* of the economy is of importance. Some of these, as *arterial* blood, are organizable, and while a moderate quantity effused between the lips of the wound acts as an important element of their junction, even large quantities thrown out under the skin are absorbed with great rapidity. Other fluids, as *venous* blood, are *inorganizable*, and while portions of that effused may be resorbed, the remainder continues to offer a mechanical obstacle to immediate organization. Then, there are excreted fluids, such as bile, urine, and pus, which are *antipathetic* to immediate organization. Pus, confined under the skin may either undergo chemical change, or retain its normal characters. In the former case, the smallest portion will immediately excite reaction, and in the other gives rise, by inocculation, to the secondary formation of small cold abscesses.

The cicatrical tissue resulting from the healing of ordinary wounds bears no resemblance to any of the normal tissues, and constitutes a functional interruption in the organs in which it is deposited. In the immediate organization which takes place after subcutaneous wounds, all divided tissues are susceptible of producing their like at the cut surfaces, muscle, muscle, nerve, nerve, and so on, each endowed with its proper power. When, however, from the effusion of too much blood by surrounding vessels, the divided surfaces are kept too far separated, and the proper blastema is not exuded, functional interruption ensues here also, the extremities of the cut tissues becoming atrophied and losing their specific organization. This is the case with muscle, tendon, nerve, etc., but in none so obviously as with arteries, which are sometimes converted into fibrous cords for the whole length of the limb, contrasting with the integrity of their calibre when the contiguity of the divided surfaces has been maintained. The lameness which has often resulted from section of the tendo-Achillis, and

the loss of motion of the fingers almost always produced by a division of the flexor tendons, are dependent upon the production of heteromorphous tissue consequent upon the non-observance of some of the conditions necessary for immediate organization. So, too, in the operation of strabismus, the functions of the muscles, when divided in an exposed state, are more or less impaired.

2. *Surgical Applications.*—Although tendons had already been divided by operations somewhat analogous to those of M. Guerin this was an emperical procedure only, having at most the object in view of limiting the amount of resulting inflammation. M. Guerin claims to have raised these subcutaneous operations into a method, based upon principles deduced from the teachings of experiment, and clinical and pathological observation. The *object* of this method is not to merely limit the amount of suppurative inflammation, but to absolutely prevent it, and to secure immediate organization by homogeneous tissue. The *means* of effecting this are comprised in four principal rules:—1. Make the wound in the skin at the greatest possible distance from that of the tissue to be divided, so that the track joining the two may be sinuous; 2. Circumscribe the section to the tissues to be divided, isolating them from surrounding parts by tension, contraction, etc.; 3. Prevent the effusion of inorganic or antipathetic fluids into the wound and expel all such, as well as air, from its track after the operation; 4. Close the lips of the external wound securely by adhesive plaster. The results, when the conditions of the operation are observed, are so satisfactory, that M. Guerin declares that, in many more than 2,000 cases, he has never met with a suppurating subcutaneous wound. In conclusion, he gives a summary of the various applications he has made of this method.

(A.) *Subcutaneous Sections:*—1. *Of the skin and cellular substance.*—In five instances, M. Guerin has detached bridles of cellular tissue, which by displacing the skin, or causing its adhesion have produced grevious deformities of the face or neck. 2. *Tendons.*—These operations are now so common as to call for no remark, further than indicating the superiority of the results attained compared with those of ordinary tenotomy. 3. *Aponeuroses.*—Beside the section of these as an orthopædic procedure, M. Guerin has resorted to it with success in *débridement* in inflammatory tumefaction. One of the most original applications of subcutaneous tenotomy was its employment in old and congenital dislocations, and the success that attended this practice has led to its adoption in aid of the reduction of recent fractures and dislocations. 4. *Muscles.*—The largest as well as the smallest muscles of the body have been divided, some of the operations involving large muscular masses. Among the most important may be mentioned those applied to spinal curvature, congenital luxation of the femur, and strabismus. In one case, reported to the Académie, G. Guerin

divided forty two muscles and tendons, for general deformity of the articulations, at a single sitting, no suppuration or fever resulting. Myotomy has also been applied to the *radical cure of reducible hernia*, and for *débridement* in *strangulated hernia*. In the first of these, the entire thickness of the muscles and aponeuroses constituting the canal is traversed in various directions, the resulting exudation proving an effectual obturator, as witnessed in several of the author's eleven cases. 5. *Ligaments*.—The section of these in such deformities as resist the mere division of tendons and muscles has now been performed times out of number. 6. *Vessels*. In several instances, subcutaneous incision and scarification converted vascular tumors into cicatrical tissue, and that without producing the suppuration consequent on ligatures; and various subcutaneous operations have been performed on the veins. 7. *Nerves* have been thus divided in neuralgia with advantage. 8. *Cartilages*.—M. Guerin states as a fact—of which we have met with, however, no confirmation elsewhere—that subcutaneous section of the symphysis pubis, for facilitating labor, is of common occurrence in France. 9. *Bones*.—Among these we have the subcutaneous ablation of painful exostoses, and the fracture of rickety bones in order to rectify their curvatures. M. Guerin has shown that in such curvatures the old bone is reduced to lamellæ, which are lost in bone of new formation. At the second stage of the disease, the latter is spongy and flexible, and if we make an incision half through the arch of an angular curvature, a deformity that threatened to become permanent may be at one removed.

(B.) *Punctures and Extractions*.—Under this head M. Guerin refers to three of the applications, as indicative of surgical progress: 1. The opening of large congestive abscesses.—So great is the danger attendant upon this, performed in the usual modes, that we have no example on record of success; the opening, in cases where recovery occurred, having taken place spontaneously, the pus gaining issue through a sinuous track at a distance from the seat of the collection. It is by imitating and generalizing this process of nature that the subcutaneous mode has been enabled to convert recovery into the rule and death into the exception. 2. *Thoracentesis*.—In a recent memoir, M. Guerin detailed thirty cases of this operation, deducing from them the conclusion, that the operation is devoid of all danger, and cures whenever serious complications do not exist. 3. The *extraction of foreign bodies* has been repeatedly performed with success.

(C.) Intermediate between the other two is another category of applications, comprising:—1. The *abortion of imminent phlegmon*.—M. Guerin believes that all phlegmon commences by a nucleus, a thorn as it were, in the cellular tissue, and has found, if this be divided by the subcutaneous incision, no suppuration will ensue, though the phlegmon may have reached a considerable size.

2. He has effected the *destruction of painful cervical glands* in four instances, by fixing the gland and dividing it in various directions, thus separating it from the surrounding vessels and nerves. It becomes converted into an insensible, amorphous, cicatrical tissue, which is afterwards resorbed. 3. The destruction of *painful tumours*, forming in the substance of muscles.—Under this head, too, may be noticed the section of fatty and other encysted tumours (*loupes*). Trifling as the operation is, when performed in the ordinary way, ablation has not infrequently led to fatal results. (*Gazette Médicale,*) *Med. Chir. Rev.*

Clinical Researches on the Employment of the Tincture of the Flowers of the Colchicum in Articular Rheumatism, Simple or Gouty, and in Neuralgia. By Professor Forget. (Bull. Gén. de Thérap., 15 July, 1854, p. 1.)

Having been provided with some tincture of colchicum flowers, Prof. Forget administered it to eight patients suffering from the diseases mentioned, and puts forward his results in the following propositions, with that amount of reservation which the novelty of the subject and the small number of his observations demand.

1. The alcoholic tincture of colchicum flowers is a good remedy against acute articular rheumatism.

2. It is without any sensibly favorable operation in cases of chronic articular rheumatism, and in acute neuralgia.

3. Its physical, and probably its chemical, properties, its mode of administration, its physiological effects, and its therapeutical results, have considerable analogy with those of the tincture of the seeds of colchicum.

4. The efficacy of the tincture of colchicum flowers appears superior to that of the tincture of the seeds, in the treatment of acute articular rheumatism.

5. It should be administered in doses of ten to twenty drops and upwards three times a day.

6. Although it may act without producing gastric derangement I think that it is proper to increase the doses until several stools daily are produced; a point at which it is right to stop.—*Ibid*

THE INFLUENCE OF THE CULINARY ART UPON HEALTH. By R. C. MACKALL, M. D., of Savannah, Ga.—The sum of human life is not made up of great but of small things. Man, with all his boasted likeness to the gods, presents himself to the physician chiefly as a mere animal. In infancy, the most helpless of all creatures, his manhood is too often stained by the weaknesses of the first stage, and his old age is the yesterday of childhood returned. The few who reach "the lean and slippery plantaloon," are sad satires upon the God-like. The big manly voice forever gone, the staff and tottering gait are but a mocking of the first attempts to walk from chair to nurse.

The interlude between the chair and staff is a part of the same play, in which we witness a continued struggle between strength and feebleness—physical and moral. The single aim of man is selfish. The gratification of his passions and appetites is the goal of all his labors. To this end hero and sage, artisan and serf, work. And, now, in the 19th century, the fields from which they cull their gratifications, present the same varieties to their tastes as were enjoyed by the classic yet moral ancients. The great of the past were only great then, as now, when the world looked on. Then, as now, poet and orator, statesman and sage, disdained not to dwell upon the little affairs of life. Troy's historian could degrade the melody of his verse to a description of the vile cookery of his countrymen, and the names of Lentulus, Fabius, Cicero, assure us that even the masters of a world never forgot that they had stomachs. The fame of Cato smells of the kitchen, and Vitellius could get up a dish that a modern Frenchman would not attempt to rival.

If, then, the immortal ancients would stop to tell us how to prepare a feast, we moderns—who almost eat as well as travel by steam—may well pause and look to our laurels in the regions where Toby and mamma preside, notwithstanding a wise man has written, "put a knife to thy throat if thou be a man given to appetite," and a wit said in the teeth of the proverb, "*qu'un cuisinier est un mortel divin.*"

Now, although I cannot agree with either the Hebrew sage or the French poet, I sincerely believe that kitchen lore is too much neglected by the ultra utilitarians of our day and country. I am thoroughly satisfied that to this neglect we are indebted for a large amount of our work, and that if we had in every house in our broad land—if not one of Voltaire's "mortel divins"—a well instructed cook, we might soon lay aside many of our vile compounds, and see disappear from before an unjaundiced public eye, a hundred quack certificates in favor of liver pills, etc.

American cookery in its influence upon health, bears about the same relation to many varied forms of dyspepsia, as malaria does to our miasmatic fevers. The poison of the one is brewed in a

pot or frying pan—that of the other in a fen or marsh. The swinish feast with which Penelope's suitors were regaled may indeed be found with all its classic taste and indigestive vileness in the modern cuisine, and often so much improved that those ancient lovers themselves would hardly recognize the noble dish.

Now, although physicians are not cooks, yet, as conservators of the public health, it is their duty to understand the art of cookery in its relations to the physiology of digestion. To the almost entire neglect of the kitchen, we have been for generations searching earth, air, rivers, ponds, marshes, etc., for causes of disease. This should have been done, but not to the leaving of the other undone. Unimpaired digestion would greatly assist us in all our labors, as it certainly would our unfortunate patients, even in the midst of malaria or the *absence of ozone*. And, although sound stomachs might not deprive epidemics of their subjects, they certainly would rob them of many victims; for if the prima via is in good order, the traveler has a tolerable surety against accident. Thus some of the opprobium of medicine would be removed, and the now wide field of quackery considerably narrowed.

In fulfilling the duty imposed on me by the society, it will be my endavor rather to attract laborers to the Augean work of clearing the kitchen and enlightening cooks, than to attempt the task myself. My effort will be to give a general view of the art of preparing food—to notice some of the abuses of the art, with the results which follow them.

Addressing my observations to physicians, it is unnecessary to enter into an elaborate argument to prove that there is a near connection between the culinary art and health, or that the influence of the former upon the latter is not beneath our consideration. But, in order to exhibit this fact so as to attract special notice, it may be well first to turn the picture, holding up to your view the relations between the abuse of the art and disease.

Man being an omnivorous animal, his stomach is by nature fitted for the digestion of every thing that is good for food—indeed, for many things not food, physiologically considered. From earth, sea and rivers, he gathers the thousand articles he feeds upon. Nature has been lavish in her provisions for his wants. But although she thus amply provides for his varied taste and capricious appetite, she has not for him as for the brute, prepared her bounties for his organs or digestion. To reasoning man it is left, either to be satisfied with a few of the fruits of the earth, or to devise modes by which to render the animal and vegetable kingdoms subservient to his desires.

With the gift of superior intelligence, she has made him the custodian of his own powers subject only to her laws, for the violation of which she holds him strictly responsible. Yet, ever generous, she has provided him with more than one sentinel to

guard the approaches to the castle of his health, and in the castle itself, has placed a faithful keeper. With ever ready wit, corporal smell and sergeant taste, guard, the one the outpost, the other the entrance, while private nausea, even to the wall, strives to cast out every rude invader. Yet, notwithstanding nature's lavish kindness, and too often in spite of sentinels and keeper, the castle is entered successfully and its walls sadly injured. Thus man becomes a vandal to his own stomach, invading it with reckless violence, until its integrity is destroyed, and, in revenge, it curses him with disease the residue of his days.

But, in our own day and country, I believe, more harm is done to this vital organ through ignorance than through indulgence in pampered appetites. Particularly is this the case in our own state. Almost exclusively an utilitarian people, our masses are too much bent upon the acquisition of wealth, to stop to enjoy it, much less to attend to laws of nature; which education and prejudice have induced them to believe are only the rules of refined luxury and effeminate fashion. This is true not only of the lower and middle classes, but of many among the wealthy. In all their gettings they have not taken Solomon's advice and gotten wisdom. The antipodes of the man of pleasure, they forget there is a present, and live for an imaginary future. With this class a lifetime is not too long to devote to the acquisition of gold—but one hour in twenty-four is too much to waste upon that, which alone can enable them to enjoy it. It is ten minutes to a dinner and hours to a bargain.

Nor does this dinner, thus swallowed, not eaten, cost them a moment's thought before it is upon the table. The fowl is in the yard, the mutton in the field in the morning and upon the dish at noon. Quantity, not quality, is all they demand of their 'mortels divins' (shade of Voltaire forgive us). Les cuisiniers of the poet are as much wanted over our land as schoolmasters. Hardly less to be feared is the frying pan of old Cato, than the ignorance of the voter, a rebellion in the prima via being as much to be dreaded by the individual as a fight at the husting by the body politic.

I now proceed to the consideration of some of the most important changes produced in food by different modes of cooking, the effects of those changes upon the digestibility of various articles of our ordinary diet, and consequently upon health. Nearly all our various articles of food having an organized texture, require the agency of heat to prepare them for digestion. The exceptions to this rule are oysters and some of the fruits. Dividing, for our present purpose, the different modes of cooking into boiling, stewing, roasting, broiling, baking and frying, I will take them up as named.

Boiling is probably the most common method of preparing food

for the table. If properly conducted, it is a process well calculated to render both flesh and vegetables digestible. The action of heat applied through the medium of water, the temperature of which has been raised to 212° Fahr., upon the fibrous texture of butchers' meat, fowls, or fish, is to soften the fibre, and separate the fibres from each other, and from the other tissues. "The albumen of meat being partly solid, partly liquid, the latter is coagulated by boiling water. By the united agency of water and heat, a portion of albumen, or at least a nitrogenous matter, is rendered soluble, and is, therefore, contained in the broth. The hematosin or coloring matter of the blood dissolves in and sometimes communicates a red color to cold water, but as soon as water becomes sufficiently heated, the hematosin coagulates and forms brown floculi, which float on the top of the liquor, and constitute part of what is called the scum. The cellular tissue, the bones, the aponeuroses, and the tendons, yield, by boiling in water, gelatine. The fatty matters melt, and, except when they are contained in closed cells escaping from the meat, float on the top of the broth. The nervous or cerebral fatty matter which principally constitutes the pulp of the nerves, is softened by the heat and is in part carried off during the process." During the process of boiling several products are formed by chemical reactions yet unknown to us. We have creatine—so called by its discoverer, Chevreul—nitrogenous and crystalizable, and is insoluble in alcohol. Osmazome, an attractive and highly odorous substance. Ammonia, a sulphurated compound, a volatile acid, similar to butyric acid. Boiled meat, then, consists of fibrine, coagulated albumen, gelatinous cellular tissue, fat, nervous matter and water. It has given to the water gelatine, albuminous matter, creatine, extractive matter, lactic acid, salts, and a little fatty and saccharine matter. By boiling, therefore, meat loses a portion of its nutritive properties, but at the same time it parts with some of its least digestible components. If, however, the process is properly managed, the actual loss will be trifling; for, if the meat is put into the water when it is already boiling, the albumen upon and near the surface immediately coagulates, thus closing the pores, and in a great measure preventing the escape of the juices. On the contrary, to make soup, the meat should be put in the cold water, so that gradual application of heat will dissolve the soluble matters and extract them from the insoluble fibre, tendons and bones.

Again: overboiling is injurious to some articles of food, rendering them both less digestible and less nutritious. "When gelatine," says Pereira, "is submitted to prolonged ebullition, or to a temperature exceeding 220° F., it undergoes important changes. It evolves ammonia, becomes syrupy, loses its characteristic property of forming with water a jelly, and very speedily undergoes putrefaction. Thus altered, it has a disagreeable flavor, and its

nutritive properties are grealy deteriorated, if not altogether destroyed. It is less digestible and readily deranges the digestive organs."—[Food and Diet.] Underboiling, of course, fails to effect the main object of the process—namely, to render the fibrous textures tender, and to separate the fibres so that they may be more easily permeated by the gastric juices.

Stewing is boiling with a small quantity of water. The process is the same, but the results somewhat different; for, as stewing is usually conducted in a closely-covered pan, there is little or no escape of nutritive or other principles of the articles submitted to it. The albumen and gelatine are dissolved and separated from the fibres, while the latter are thoroughly separated and partially broken down. A gravy is formed, containing a portion of fat and osmazome, to which it is indebted for its richness. By stewing, many wholesome and savory dishes are made, yet it is not a mode of cooking to be recommended to the dyspeptic.

Roasting is, probably, of all the various methods of preparing food, the best, both to preserve its nutritiousness and render it digestible. It is the most ancient as well as the most simple mode of cooking animal food. "The spit was probably an early cotemporary of the altar and sacrifice," says old Frederick Accum, "ere the iron age had taught men the use of metals, these roasting instruments were made of wood, and, as we find in Virgil, slender branches of the hazel tree were particularly chosen:

> '——— Statit sacer hircus ad aram,
> Pinguia que in verbus torrebimus extra colurius.'"

The chemical changes produced in meat by roasting are slight, but important in a culinary point of view. The watery juices, as the heat penetrates the fibrous textures, are rarified, and escape in the form of steam. The albumen coagulates. "The gelatine and the osmazome become detached from the fibrine and unite with the fat, which also is liquified by the expansive properties of heat. The union of these forms is a compound not to be found in the meat previously. This is retained in the interstices of the fibres, where it is formed, by the brown frothy crust, but flows abundantly from every pore where a cut is made into the meat with a knife.

Chemistry has demonstrated that roasted meat owes its peculiar odor and taste to the developement of the principle called osmazome, a substance distinguished from all other constituents of animal matter, chemically, in being soluble in alcohol—and to the senses, in being extremely savory and sapid. (Accum.) "Osmazome exists in the largest quantity in the fibrous organs, or combined with fibrin in the muscles, while the tendons and other gelatinous organs, appear to be destitute of it." But a portion of the effects produced upon both meat and vegetables by roasting

is entirely mechanical. The expanded juices separate the finest fibres, cellular tissue, nerves, blood-vessels, etc. The starch grains of vegetables are split and the meat turned out light and dry. But roasting, also, must be conducted fairly. If the heat is applied too quickly the meat will be scorched outside and raw within; if too slowly, the rich juices will have time to escape ere the brown crust is formed. The saddle joint, or fowl, should be neither over nor underdone; it should be exactly done.

Broiling differs but little, chemically, from roasting. The meat being cut into small pieces, and exposed to a quick fire, the albumen of the surface is rapidly coagulated—thus preventing the escape of the juices Hence broiled meat is extremely savory. To a delicate stomach, it is somewhat less digestible than roasted meat. Baking is roasting in a closed oven, and is objectionable on account of the empyreumatic oil which is formed by the decomposition of fat, and not allowed to make its escape. Baked meats are apt to be dry and hard unless the operation is well conducted. Potatoes, baked, are less nutritious than boiled, as has been demonstrated by experiment on prisoners in the Glasgow Bridewell. The fact I am at a loss to explain, unless, by boiling, the starch cells are more completely broken up.

Lastly, we come to frying, the most decidedly objectionable invention of the cuisinier. "The effect of frying, upon meat, is peculiar and easily distinguished from all other modes of cookery." The meat is deprived of its own nutritious juices, in part of its gelatine, albumen, and osmazome, and then saturated with boiling fat gives off carbonic acid gas, a little inflammable vapor, and an acid volatile oil, called acroleine or acroleon, whilst the fatty acids are in part set free.

I next come to consider the staff of life. Bread-making—the true art of which is probably less understood than any other branch, and distressed by salt or sour masses of dough, misnamed bread, of ordinary cooking; for too often has my own stomach been shocked not to have realized this fact. Well would it be for our successors on the stage of life, if American daughters were as thoroughly instructed in this branch of housewifery as they are in less useful arts. An occasional hour might well be spared from the music stool, for the study of "Miss Leslie's Complete Cookery;" and even Euclid—now, I believe, a text-book in our female colleges—might be laid aside, with advantage, for the dough tray and rolling-pin. The ordinary loaf, or fermented bread, is prepared from wheaten flour, salt, water, and either yeast or leaven. Bakers often add potatoes and alum. The yeast or leaven causes the sugar of the flour to undergo vinous fermentation, the result of which is the formation of carbonic acid gas and alcohol. The latter is driven out upon the application of heat; the escape of the carbonic acid being prevented by the tenacity of the dough, the

latter becomes distended with gas, puffs up, assuming a vesicular texture, forming, in the language of the bake-house, the sponge. Now, if this vinous fermentation is suffered to continue over a certain definite period, the dough becomes sour, owing to the formation of acetic and lactic acids; if, on the other hand, the sponge is put into the oven too soon, fermentation is checked before the loaf is light. It is, therefore, an important point to arrest the fermentation exactly at the right moment. After baking, bread is found to weigh from 28 to 32 per cent. more than the flour used in its preparation. "In the formation of wheat bread," says Sir. H. Davy, "more than one quarter of the elements of water combine with the flour; more water is consolidated in the formation of bread from barley, and still more in that from oats; but gluten in wheat being in much larger quantity than in other grain, seems to form a combination with starch and water, which renders wheaten bread more digestible than other species of bread." Potatoes used in making bread assist fermentation, but containing less gluten than wheat, are less nutritious. According to Vogel, wheat bread is composed of starch, dextrine, sugar-gluten, together with carbonic acid, chloride of calcium and chloride of magnesium. Liebig states that 100 parts of fresh bread contain, on an average 30.15 parts of carbon.

Of unfermented breads, the common biscuit need only be referred to. This is made, ordinarily, with milk and water, salt and butter or lard. These ingredients, well mixed, form the dough, which is kneaded or beat, until a gaseous or volatile body is set free within it. This body being expanded, upon the application of heat, renders the bread light and cellular. If not well kneaded, biscuits are heavy and unfit for the table. In England, several patents have been taken out for unfermented bread. The secret of the lightness of these patented articles, depends upon the reaction between muriatic acid and carbonate of soda—chloride of sodium being formed—water and carbonic acid gas. This last product being set free, distends the dough and lightens the bread. Over fermented bread, biscuits possess several advantages. They are less troublesome to make, occupy less time, are light and digestible, without the risk of being spoiled by carelessly timed fermentation, or bad yeast.

But I will not consume the time of the society by further details, dismissing bread with the single remark of Dr. Paris: "All pastry is an abomination."

Having thus endeavored to give, as concisely as possible, an outline of the chemistry of cooking, or the changes produced in food by the agency of heat, I pass to the consideration of a few of the relations between these changes and digestion, and their consequent influence upon health.

Our food being cooked and placed before us, the *second* step

toward digestion, is mastication. If it is an important matter to the well being of man, that his culinary operations should be carefully conducted, according to the strictest rules of the art, it is scarcely less important, that he should give his individual attention to the agreeable task of mastication. Now, although the pleasures of the table are most ungodlike, I do not see why a necessity should not be made a rational enjoyment. I have already alluded to the steam-like rapidity with which Americans dispatch their food. Against this habit, so universal throughout the country, we, as physicians, should wage a daily, and eternal warfare. We should struggle to convince our patrons, that time is of less value than health. That teeth are not superadded, but essential organs; and that nature has not provided the human species with the gizzard of the goose, although she may occasionally misplace the head of Rome's faithful sentinels.

But to return to my subject: Thorough mastication not only minutely divides, but at the same time mixes the food with the salivary secretion, an important adjuvant to the gastric juices. Indeed ptyaline alone possesses a certain solvent power over several proteine compounds. Mixed with saliva we have next to observe the food in the stomach, presuming it to be scientifically cooked and rationally masticated. Here for a time it undergoes no change. In the meantime the gastric juices are being poured out and are slowly penetrating the yet crude mass. Presently we can see the differences made in the kitchen. To that lucky chance for science, Beaumont's Canadian, we will give a choice bit of broiled venison, and watching through the window accident has made for us—we find that in one hour and thirty-five minutes the steak is ready to pass the pylorus. Next, we may tempt him with a slice of boiled beef—and this we find digested in two hours and forty-five minutes. Again, we give him fresh beef, fried, and three hours are required for its digestion. With eggs he is indulged in a variety of forms—raw, they digest in two hours—roasted, fifteen minutes longer is necessary; soft boiled, in three hours—and hard boiled or fried, in three hours and a half. Thus I might go on through these valuable tables of Dr. Beaumont, but they are so well known I need only refer to them.

Now, this Canadian boy, notwithstanding the misfortune which made him a martyr to science, was in good health, with unimpaired digestive powers, otherwise, I doubt not, other and widely different tables would have been made from Dr. Beaumont's experiments. If, for from twenty to thirty years he had daily bolted fried bacon and eggs—cabbage half boiled in company with bacon—beef fried in lard, or baked crisp—fowls boiled whilst still fluttering, etc.—I feel assured that the watches of my old friend would have been greatly prolonged. Upon how many of our patrons do you suppose like experiments could be made with like

results, supposing their stomachs as accessible as was the Canadian's? But few Americans pass the prime of life without suffering from impaired digestive organs. Dyspepsia in all its varities shortens the average of life. The nutritive properties and digestibility of much of our food is injured before it enters our stomachs. After a labored digestion it passes into the small intestines, probably in company with yet undigested portions. The mucous membrane is irritated, and cannot continue the process begun in the stomach. The chyliferous vessels refuse to absorb—the muscles of the intestines, irritated, contract—and the chyme and chyle with the crude mass—are hurried onward, and the hungry man eats, but is not satisfied. The stomach of the hardy countryman is indeed a wonderfully vigorous organ. Long may it resist serious injury from the daily attacks upon its integrity; but, after a longer or shorter time, it must complain. The victim of reckless cookery and telegraphic meals, is slow to realize that he is a diseased man. The robust farmer who can boast "I never knew a day's sickness"—who has only heard of dyspepsia as a city fashion can hardly be persuaded that his "heart burn" is disease, and his faithful old cook, assisted by his own habits the cause of it.

But, gentlemen, it is our duty to teach them the truth, even to the disgrace of Cato, or the anger of ignorance.—*Southern Med. and Surg. Jour.*

Lactic Acid in Dyspepsia. By Dr. C. Handfield Jones, Assistant Physician to St. Mary's Hospital.—Dr. C. Handfield Jones advises the use of lactic acid in dyspepsia. He has chiefly given it in cases of irritative dyspepsia, where the digestion was painful and imperfect, and had been so for some time; he does not advise its use at the commencement of the treatment in a severe case, but only after irritation and vascular erethism is somewhat reduced. It should be employed in doses of fifteen or twenty minims, in a half-ounce of water, and taken at meal times; he states that it seems to mingle with the food, and to supply one of the constituents of healthy gastric juice, which is probably imperfectly produced. Its use need not confined be cases to dyspepsia, but may be extended to all cases where it is desirable to improve the tone and power of the stomach. It is pleasant, occupies but little space and the only objection to is use is it present high price; but if much employed, it could probably be obtained cheaply.—*Half Yearly Abstract Med. Sciences.*

Mr. Prescott Hewett's Lectures.—Mr. Prescott Hewett terminated his course of lectures at the College of Surgeons on the 12th instant, by a recapitulation of seven various forms in which effusion of blood, as previously described, are found in injuries of the head. In thirty-one cases of injury with sanguineous effusion, twenty-seven were found to be in the anterior part of the head, and four in the posterior or cerebellar portion. The lecturer dwelt on the various differential signs of compression and concussion, more particularly the instantaneous quickness of the phenomena of concussion, while a particular interval must elapse, as in many patients walking to hospital themselves, with compression or even effusion of blood, some hours after the injury, blood all the time, drop by drop it might be, making its way into the brain. Le Dran, Pott, and other surgeons, it was observed, dwelt particularly on the value of the interval, as a direction to the surgeon whether he was to use the trephine or not. In practice, in twenty-five cases at St. George's Hospital, for instance, the brain itself was found by Mr. P. Hewett to be lacerated; so here the trephine was not of any use; while, in a large number of cases, compression and concussion are so intimately connected that it is almost impossible for the surgeon to disentangle the thread of symptoms. If paralysis be present, it is best to trephine at once, of course at the opposite side. Professor Hewett gave a striking case of a man, who received an injury at two o'clock in the day, drove himself six miles after the accident, and fell insensible at six o'clock, on reaching St. George's. There was apparently no fracture, no paralysis, and the man died next morning, though every effort was made to find out the seat of injury. After death the dura mater was found separated from the bone by a large effusion of blood. This was the type of a vast number of cases. Extravasation into the arachnoid is, however, the most common; this it is important to remember. The lecturer dwelt at unusual length on the vascularity of clots of blood in the brain, as shown by Paget, Gray, and others. He felt convinced that these changes explain the origin of cysts in the brain. In a most singular case given by Dr. R. Quain, in which a man had injury of the brain, but died some long time after of fatty heart, and who was subject to fits, the latter were explained by such cysts. On a post-mortem examination in this case a large cyst rolled out on the table. Effusion of blood into the pia mater was less frequent; these and effusions into the brain may be the cause, as in apoplexy, of surgical accidents, not the consequence. In the previous lecture (the fifth) Mr. Hewett dwelt chiefly on the surgical treatment of concussion and compression, or rather on those points still open to doubt and the teachings of modern experience; pyæmia also was considered. Inflammation of the dura mater, according to Mr. Guthrie and others, it was observed was

unknown. Two hundred cases of Dr. Pott were cited, with only five deaths; these were of very doubtful value. The absence of hospital records in London hospitals was, he thought, very much to be deplored. Bloodletting, according to Pott, was very useful in concussion, but modern surgery was opposed to this. He (the lecturer) thought we did not discriminate enough; he would, individually, go *in medio*. In one class of cases it was of no use; in another it was imperatively called for. Pott saw symptoms of effusion under the bone removed by bleeding; acute inflammation also was not uncommon in the sub-arachnoid tissues. The lecturer gave an instance from St. George's: wound of scalp; bone dry, etc.; but twenty-nine days after, on a post-mortem, pus and lymph were found under the bone and along the middle meningeal artery; purulent infiltration also into the lungs. In another case, also of diffuse inflammation of the membranes, the man got quite insensible; there were no indications for the trephine, yet the membranes of the brain were pressed on by purulent effusion. Where we have coma and hemiplegia, the surgeon is quite justified in trying the trephine. Dupuytren had six successful cases, but the lecturer had searched in vain for them in French books. Pott had nine, in which was found pus in large quantities; *no paralysis!* In some cases Mr. Cock, of Guy's Hospital, pus was found in the arachnoid. Dupuytren used an issue experimentally to draw off the pus! The lecturer could scarcely believe the cases of Pott and Dupuytren. Again, abscess of the brain, as spoken of by some authors, was rather a circumscribed effusion of pus into the membranes, with plastic lymph. An interesting diagram was here explained, where the purulent matter made its way before it, pushing down the corpus callosum; the hemisphere itself was pushed on one side from the falx, but there was nothing which one could call an abscess. Mr. Hewett concluded this lecture by referring to casualties, such as pyæmia, or purulent infection—as he thought, a better term—a disease of which he took the most gloomy view; in fact, when the fatal rigor, sweating, haggard and sickly aspect of the hospital patient, after operation, set in, he did not know what to do. In eighteen cases of death, he found the lungs affected in thirteen, not the liver, as generally supposed. In twenty-three other cases of Mr. H. Lee's, fourteen showed purulent deposits also in the lungs; this was very important. Such cases were best treated, perhaps, medically; but a great change had been recently made by Sir B. Brodie and others—namely, to feed the patient and keep up the strength. The lecturer dwelt on the propriety of attending medically to the condition of the kidneys, as albuminuria was very common in scalp wounds. An albuminous state of the urine, at least, runs parallel with a state of constitution favorable to a low inflammatory condition of scalp wounds, pyæmia, etc. Flap wounds of the scalp, as a rule, how-

ever, rarely slough. The lecturer would not be afraid of sutures in such cases. The occipito frontalis should not be included. Wounds of arteries of the scalp require ligatures at both ends; punctures (Dobson's plan), on the other hand, were not necessary. The punctures were more valuable, where there is puffiness of integument. In erysipelas, quinine, iron, and ammonia, are our sheet-anchors, to adopt a strong phrase. Cases of Sir B. Brodie were given where the patient was dying under the cold orthodox calomel, bleeding, and antiphlogistics, but cured by this eminent surgeon ordering the very opposite—gin, wine, and other stimulants. The lecturer gave a curious case of Saviard, in the original French, and also dwelt on the profusion of holes formerly made in the skull by the old-fashioned trephines, twenty-seven crowns of a trephine, in one case, going down to the dura mater—a remedy worse than the disease. Mr. Hewett also cited cases of deafness and diseased bones of the ear, with paralysis of face, depending also on irritation or injury of the dura mater. Pott conceived this arose from separation of the internal periosteum. The lecturer also pointed out the relation of the sinuses of the mastoid and frontal bones in some of the lower animals. In the elephant these sinuses extended to ten inches and a half of diploe of bone—a wise provision of Nature to defend the brain of the lower animals from external accidents.—*London Lancet.*

On the Dressing of Amputated Limbs. By M. Coste.—

In this paper, M. Coste, who is senior surgeon to the Hôtel Dieu at Marseilles, describes the mode of treating amputated limbs by what he terms *pansements rares*, or infrequent dressing. He alludes to M. Chaissaignac's mode of dressing by occlusion, which might seem to bear some resemblance to his own, and which consists in carefully closing up the compound fractures and other severe lesions by imbricated strapping, which is retained without changing for a week or fortnight. This is however, especially applicable to severe injuries of bone, where absolute quietude and the exclusion of air are important; and the loading a stump with so thick a covering of strapping would be a very questionable procedure. M. Sédillot's mode of dressing stumps, again, differs also from the author's. In fact, it consists in suppressing all dressing, a large anterior flap covering the surface of the wound by its own weight. A piece of rag about two finger's breadth, and spread with ointment, is folded up and applied around the end of the bone, so as to act as a canal for the discharge of the fluids. The angles of the flap are united by two points of suture, and the stump remains uncovered upon the napkin it is to lie upon, and which receives the pus as it escapes. The folded compress applied to the end of the bone is removed on the third or fourth day.

This mode is not applicable to the case of circular amputation, while that advocated by M. Coste may be employed in all modes. After the bleeding is arrested, the lips of the wound are brought gently together by two or three strips of plaster, taking care to leave the angles somewhat open for the passage of the ligatures and the escape of the fluids. Over this are applied a pledget, some layers of charpie, and a bandage. The first dressing only takes place from the sixth to the twelfth day after the operation, and in others from the eighth to the twelfth day; the occurrence of severe pain, hæmorrhage, sense of constriction or too abundant suppuration (all of which are extremely rare) indicating a condition of phlegmasia and the necessity for more frequent dressing. The two chief perils after amputation are inflammatory strangulation of the stump and retention of the pus, and M. Coste attributes the non-occurrence of the former in his stumps to the fact that he never employs sutures. He appeals to those who have witnessed his hospital practice as to whether rapid union and the production of a good stump are not the consequences of this mode of dressing.—*Med. Chir. Rev.*

On the Healing of Abscesses by the First Intention. By M. Chaissaignac.

M. Chaissaignac has for some time past endeavored to unite abscesses by the first intention, after their complete evacuation; and he reports that his success has been very considerable. His method of procedure may be judged of by the narration of a case which recently occurred at the Lariboisiére Hospital and was observed by all who attend there. A healthy man, aged nineteen, was admitted February 17th, presenting all the symptoms of an acute abscess of the axilla, which had been about a week in forming. On the 19th, chloroform having been given, a considerable quantity of well conditioned pus was discharged by the bistoury, pressure being exercised in all directions for the purpose of securing complete evacuation. The cavity of the abscess was next thoroughly washed out with water introduced through the tube of an irrigator, in order to bring away any remaining pus, the injection being continued until the water returned completely limpid. Pressure was again employed to force out every drop of the water and the orifice was strapped up. A large pad of charpie was introduced into the axilla in order to make pressure over that region, and the arm was confined in one of Mayor's bandages, as if for fracture of the clavicle. On the 21st cicatrization was complete, no discharge of pus whatever being visible. The bandage was continued as a matter of precaution for two or three days, and then the arm was allowed to hang down, no pain being reproduced. In the site of the abscess a little indurated spot could be felt. On the 27th he was discharged quite well.—*Gazette des Hôpitaux*, 1855.—*Ibid.*

Note on some of the Medicinal Uses, as an Internal Remedy principally, of the Muriate of Ammonia. By H. A. Ebden, M. D.

The author has written this paper under the conviction that the hydroclorate of ammonia (sold in the native Indian bazaars under the name of "nausaada") is not sufficiently appreciated by English practitioners as an internal remedy, and states his conviction, after a full trial of its merits, that it is a very valuable and powerful remedy for the relief of neuralgic pain generally. The diseases in which he states that he has given it with success are facial neuralgia, tic-douloureux, nervous headache, toothache, clavus hystericus, sciatica, and neuralgic dysmenorrhœa. He usually prescribes it in doses of twenty five to thirty five grains in an ounce of mint water or camphor mixture every twenty minutes for three doses. The second dose is usually sufficient for the relief of the immediate pain; but he has observed that where it has been necessary to repeat and continue the doses, the patient has, in many instances, afterwards enjoyed a comparative immunity from the recurrence of pain; and he has, therefore, been led to continue the exhibition of the salt systematically, at six or eight hours' interval, for seven days. Externally applied, too, in strong solution and hot, under oiled silk, he states he has found it an excellent palliative to neuralgic pain. The other uses of the medicine he thus enumerates. In doses of five, ten, and fifteen grains, twice and thrice a day, in bitter infusions, it proves alterative, and stimulates the action of the liver in cases where the exhibition of mercurials is undesirable. Externally, in combination with nitre and sulphur in equal proportions, the powder being moistened with vinegar, he recommends it in ringworm and impetiginous skin affections; and it is thus, he believes, used by the natives of Lower Bengal. In very strong solutions, applied hot, he recommends its use as a topical anodyne in various painful affections.—*Medico-Chir. Review.*

On the Preparation of Zinc Ointment. By David Kemp.—(Pharm. Journal, Dec. 1854, p. 280.

The softness and want of durability of zinc ointment, as prepared according to the London Pharmacopœia, lead Mr. Kemp to propose the following formula:—℞ Axungiæ opt., olei oliæ purif., ana ʒx; ceræ albæ, cetacei, oxidi zinci, ana ʒv. Melt in a water bath, strain into a warm mortar, and just before cooling add the zinc, and continue stirring very briskly till quite cold. If the temperature be too high when the zinc is added, the color is impaired. He has never observed this ointment, which is of good consistence, to show any peculiar tendency to become rancid, or to require any unusual means to be employed for its preservation. *Ibid.*

Hare-Lip Operations without Pins. (Under the care of Mr. Erichsen.)—Cases of hare-lip in general are not very suggestive: the surgeon finds the same kind of deformity in almost every instance, single hare-lip, at the left side, or double hare lip, as the case may be; the same irascible child, tearing the parts open by crying, the same pins and sutures, the same spattering of blood on the surgeon's dress. We are anxious, however, to notice at present one or two points of novelty in this operation, which we have recently noticed in the practice of Mr. Erichsen, at University College Hospital. Chloroform must be used with great caution in all operations about the mouth, lest blood should make its way into the trachea; partial anæsthesia, however, prevents the crying of the child, and if the coronary artery is well caught up in the sutures or pins, there is very little spattering of blood. The chief improvement tried recently in four cases, by Mr. Erichsen, with the most perfect success, is to dispense with the use of pins altogether; the parts are well kept together by ordinary suture, collodion, adhesive plaster, and a particular spring, the invention of a Mr. Hainsbery. The spring, contrived something like a double truss, comes around the head of the child, and presses on the upper maxilla, puckering out the lip and prolabium, and thus prevents the parts being torn open. We have seen this spring also very extensively used by Mr. Ferguson, who has had ninety cases of hare-lip operation with only one failure. Hare-lip pins, we believe, are made of an irritant kind of hard steel, and while transfixing the lip Mr. Erichsen finds they rather act as setons, always leaving ugly marks of suppuration on the lip: the operation being one of what the French call '*convenance*,' or for removing deformity, it cannot be done too nicely. Mr. Erichsen is an advocate for performing the operation early, before the period of dentition.—*London Lancet.*

On the Shape of the Stethoscope. By Professor Fick.—

Professor Fick, in order to avoid a fine humming noise which he finds that the application of the ordinary stethoscope to the ear invariably produces, recommends the employment of a tube without an ear-piece, which he introduces into the meatus. He has used a stethoscope of this construction for many years, and states that it presents the thoracic noises more distinctly, and possesses the advantage of allowing the head of the observer to be more extensively moved and more easily applied in various postures than the ordinary stethoscope. He explains the adventitious murmur by the compression the ordinary instrument exerts upon the tragus.—*Med. Chir. Rev.*

A New Styptic Preparation. (Bull. Gén. de Thérap., 30 Oct., 1854, p. 386.

The following formula is published by M. Hannon :—Benzoic acid, 1 part; sulphate of alumnia and potash, 3 parts; ergotine of bonjean, 3 parts; water, 25 parts. Mix.

The whole is to be boiled for half an hour in a porcelain capsule, constantly stirring, and replacing the evaporated water by hot water. Evaporated with constant agitation to the consistence of an extract, it presents a chocolate-brown color, strongly astringent taste, and an odor of ergotine. According to M. Hannon, it is the most energetic styptic at present known, whether applied externally to the seat of hæmorrhage, or administered internally. For internal use it is sufficient to prescribe the following pills:—Benzoic acid, 1 gramme; pulverized alum, 3 grammes; ergotine of bonjean, 3 grammes. Mix, and make sixteen pills, one to be taken every two hours.—*Med. Chir. Rev.*

Diuretic Wine.—M. Granel suggests the following as a diuretic preparation, viz., squill sliced, and digitalis leaves bruised, each two drachms; best cinnamon three drachms; acetate of potassa half an ounce; Madeira wine a pint. Macerate during eight days and filter.

The dose is a table-spoonful in the morning.

The dose may be increased to four spoonsful a day: two in the morning and two in the evening, at least three hours after the last meal.—*Jour. of Pharm.*

Antimoniate of Quinia in Intermittents.—Dr. La Camera, of Naples, in treating a solution of sulphate of quinia by a solution of antimoniate of potassa, has obtained a white product crystalized in needles, bitter to the taste, and soluble in hot water and in alcohol and ether. This antimoniate of quinia has given excellent results in periodical diseases, both simple and complicated with rheumatism, in sub-continued fevers of Torti, and in pernicious fevers. The dose is 0.4 grm. to 0.6 grm. during the apyrexia, and it is rarely necessary to be administered a second time.—*Ibid.*